PAIN HISTORY · SOCRATES

SUBJECT

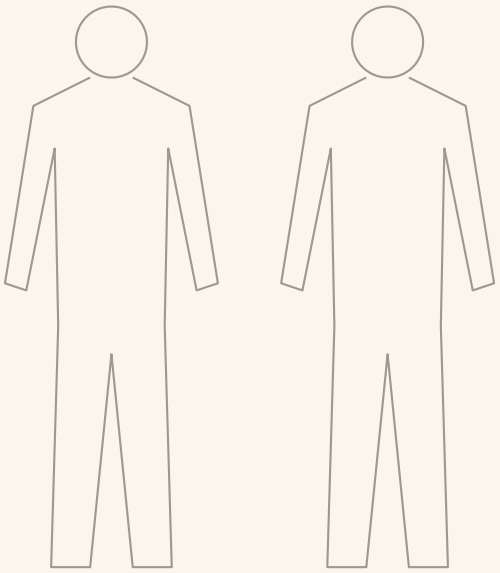
NAME

YEAR · SEMESTER

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PATIENT · INITIALS | AGE · SEX | SETTING | DATE

SHADE THE SITE · ARROWS FOR RADIATION



FRONT BACK

S · SITE

"Where exactly is it? Can you point to it?"

O · ONSET

"When did it start? Suddenly or gradually? What were you doing?"

C · CHARACTER

"What does it feel like?"

R · RADIATION

"Does it spread anywhere else?"

A · ASSOCIATED SYMPTOMS

"Anything else with it: nausea, sweating, breathlessness, fever?"

T · TIME COURSE

"Is it constant or does it come and go? Getting better or worse?"

E · WORSE · BETTER

"What makes it worse? What helps? Tried any painkillers?"

SEVERITY · CIRCLE A NUMBER

"0 is no pain, 10 is the worst you can imagine."

0	1	2	3	4	5	6	7	8	9	10

RED FLAGS

Fever, weight loss, night pain, new weakness, numbness, bladder or bowel change

IMPACT · ICE

"How is it affecting your day? What do you think it is?"

Questions are prompts, not a script: follow the patient.

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