

CHANGING HOW PAIN AFFECTS YOUR LIFE (A HEALTH NEEDS ASSESSMENT)

This Health Needs Assessment tool is a validated way to help identify the main problems and difficulties experienced due to longstanding pain.

It will aid understanding of the main problems experienced at present and ensure that we offer the right sort of support to help improve quality of life, self management ability and confidence.

Please tick if you have any problems or difficulties with:	
1	<input type="checkbox"/> Walking or moving about
2	<input type="checkbox"/> Lack of fitness and stamina
3	<input type="checkbox"/> Balance or recurrent falls
4	<input type="checkbox"/> Side effects or other problems with current medication
5	<input type="checkbox"/> Pain symptoms and pain relief
6	<input type="checkbox"/> Understanding why longstanding pain occurs
7	<input type="checkbox"/> An unhelpful pattern of activity of doing too much, getting more pain, then doing too little
8	<input type="checkbox"/> Eating the right sorts of foods
9	<input type="checkbox"/> Disturbed sleep
10	<input type="checkbox"/> Managing mood changes of depression, anger, anxiety or worry
11	<input type="checkbox"/> Tiredness or lack of energy
12	<input type="checkbox"/> Relationship difficulties with partner, family, work or other
13	<input type="checkbox"/> Sex life
14	<input type="checkbox"/> Remaining in work or returning to work and/or training
15	<input type="checkbox"/> Financial or money difficulties
16	<input type="checkbox"/> Current legal claim linked with the pain problem
17	<input type="checkbox"/> Concerns about your carer/partner, their health or other problems
18	<input type="checkbox"/> Other difficulties that you feel are important to change such as housing, hobbies, leisure social events, practising your faith. Please describe here

If you have ticked more than three please circle the most important three.