Study ID: __ __ __
Subject Initials: __ __ __
Date: ___ / ___ / _____

Chronic pain diagnosis in refugee torture survivors: a prospective, blinded, diagnostic accuracy study

Subject Number	Subject Initials

Date Enrolled: _____

Site Location: _____

Completed By: _____

Chronic pain diagnosis in refugee torture survivors: a prospective, blinded, diagnostic accuracy study
PI: Gunisha Kaur, M.D. M.A.

Study ID: __ __ __
Subject Initials: __ __ __
Date: ___ / ___ / _____

CHIEF COMPLAINT:

_____

_____

_____

_____

_____

_____

_____

DEMOGRAPHICS:

Age: _____ Years Old **Sex**: M F Other

Ethnicity:

☐ White ☐ Hispanic/Latino ☐ Black/African American ☐ Native American/American Indian

☐ Asian/Pacific Islander ☐ Other _____

Highest Education Achieved:

☐ Some High School ☐ High school graduate (or equivalent) ☐ Some college

☐ Trade/technical/vocational training ☐ College Graduate ☐ Post Graduate Degree

Professional or Employment Status

☐ Full Time ☐ Part Time ☐ Not Employed ☐ Retired ☐ Student

HISTORY OF PRESENT ILLNESS

Current Pain Intensity: ☐ None ☐ Mild ☐ Moderate ☐ Severe --- ☐ Increasing ☐ Decreasing

Pain Body Parts:

☐ Upper Back (L☐ /R☐)	☐ Lower Back (L☐ /R☐)	☐ Buttock (L☐ /R☐)	☐ Leg (L☐ /R☐)
☐ Neck (L☐ /R☐)	☐ Arm (L☐ /R☐)	☐ Shoulder (L☐ /R☐)	☐ Hip (L☐ /R☐)
☐ Knee (L☐ /R☐)	☐ Ankle (L☐ /R☐)	☐ Foot (L☐ /R☐)	☐ Abdomen (L☐ /R☐)
☐ Groin (L☐ /R☐)	☐ Flank (L☐ /R☐)	☐ Face (L☐ /R☐)	☐ Head (L☐ /R☐)
☐ Occipital Scalp (L☐ /R☐)	☐ Chest Wall (L☐ /R☐)		

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Duration of Pain: _____ ☐ Hours ☐ Days ☐ Weeks ☐ Months ☐ Years

Frequency of Pain:

☐ Constant ☐ Intermittent ☐ Intermittent with Exacerbation

☐ Worse in Morning ☐ Worse During Day ☐ Worse in Evening ☐ Worse at Night

☐ Worse on Weekends ☐ Worse in Winter ☐ No Pattern ☐ Worse after _____

Description/Quality of Pain:

☐ Constant ☐ Intermittent ☐ Burning ☐ Sharp

☐ Dull ☐ Stabbing ☐ Tender ☐ Tingling

☐ Aching ☐ Shooting ☐ Sore ☐ Throbbing

Additional Comments:

_____

_____

_____

Pain Intensity with Activity (0 – 10): _____

Pain Intensity at Rest (0 – 10): _____

Highest Pain Intensity in the Last 24 Hours (0 – 10): _____

Lowest Pain Intensity in the Last 24 Hours (0 – 10): _____

Average Pain Intensity in the Last 24 Hours (0 – 10): _____

Average Pain Intensity in the Last Week (0 – 10): _____

What causes pain to increase?:

☐ Activity ☐ Cold ☐ Coughing ☐ Deep Breaths ☐ Defecation

☐ Eating ☐ Heat ☐ Laying Supine ☐ Sitting ☐ Sneezing

☐ Standing ☐ Urination ☐ Valsalva ☐ Walking

What causes pain to decrease?:

☐ Cold ☐ Heat ☐ Laying Supine ☐ Massage ☐ Sitting

☐ Standing ☐ Walking ☐ Medications ☐ Rest

How does the pain affect activities of daily living?:

☐ Difficult ☐ Requires Assistance ☐ Impossible ☐ Not a problem

Have you seen other doctors for this pain?: ☐ No ☐ Yes _____

DIAGNOSES/TREATMENTS RELATED TO THIS PAIN:

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Date: ___ / ___ / _____

PAST MEDICAL HISTORY:

_____

_____

_____

PAST SURGICAL HISTORY:

_____

_____

_____

PAST FAMILY HISTORY:

_____

_____

_____

PAST SOCIAL HISTORY:

_____

_____

_____

MEDICATIONS:

_____

_____

_____

ALLERGIES:

_____

_____

_____

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REVIEW OF SYSTEMS

PHYSICAL EXAM

HEAD:

NCAT: ☐ Yes ☐ No

Alopecia: ☐ Yes ☐ No

EYES:

PERRL: ☐ Yes ☐ No

Extraocular Muscles Intact ☐ Yes ☐ No

Sclerae: ☐ Normal ☐ Icterus

NECK:

General Neck Exam:

☐ Normal ☐ Trachea Midline

☐ Full ROM ☐ No Lymphandenopathy

Thyromegaly ☐ Yes ☐ No

Thyroid Palpable Nodule ☐ Yes ☐ No

EMNT:

External Inspection of Ear and Nose: ☐ Normal ☐ Abnormal

Lips, Teeth, and Gums: ☐ Normal ☐ Poor Dentition

Oropharynx Exam: ☐ Erythema

☐ Oral Pharynx Clear Without Erythema or Exudates

RESPIRATORY:

Respiratory Effort:

☐ Normal ☐ Using Accessory Muscles

☐ Labored Breathing

Auscultation of Lungs:

☐ Lungs Clear ☐ Crackles ☐ Rhonchi

☐ Wheezing ☐ ↓ Sound Breaths at R Base

☐ Friction Rub ☐ ↓ Sound Breaths at L Base

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CARDIOVASCULAR:

Auscultation of Heart:

☐ RRR No M/R/G ☐ Systolic Murmur
☐ Diastolic Murmur ☐ S3 ☐ S4

Pulses:

Radial: ☐ Intact ☐ Right ☐ Left
DP: ☐ Intact ☐ Right ☐ Left
PT: ☐ Intact ☐ Right ☐ Left

NEUROLOGIC:

Cranial Nerves: ☐ Normal ☐ II-XII Grossly Intact
Coordination: ☐ Normal ☐ No Asterixis
Spurling's: ☐ Positive ☐ Negative
☐ Left ☐ Right ☐ Bilaterally
SLR: ☐ Positive ☐ Negative
☐ Left ☐ Right ☐ Bilaterally

ABDOMEN/GI:

Inspection:

☐ Normal ☐ Proturbant ☐ Obese ☐ Surgical Scar(s)

Bowel Sounds:

☐ Normal ☐ Hyperactive ☐ Hypoactive ☐ Absent

Palpitation:

☐ Normal ☐ No Masses ☐ Nontender ☐ Nondistended ☐ Ascites
☐ Epigastric tenderness ☐ Suprapubic Tenderness ☐ Ventral Hernia ☐ Inguinal Hernia
☐ RUQ Tenderness ☐ LUQ Tenderness ☐ RLQ Tenderness ☐ LLQ Tenderness

Kidney:

☐ No CVA Tenderness ☐ R CVA Tenderness ☐ L CVA Tenderness

MUSCULOSKELETAL:

Gait: ☐ Normal ☐ Antalgic Gait
Tandem Gait: ☐ Normal ☐ Mildly Impaired ☐ Impaired
Heel Walking: ☐ Normal ☐ Abnormal
Toe Walking: ☐ Normal ☐ Abnormal

Spine:

☐ Normal Curvature ☐ Abnormal Scoliosis ☐ Abnormal Kyphosis ☐ Abnormal Lordosis

Cervical Flexion to: _____ Degrees ☐ With Pain ☐ Without Pain
Cervical Extension to: _____ Degrees ☐ With Pain ☐ Without Pain
Lumbar Flexion to: _____ Degrees ☐ With Pain ☐ Without Pain
Lumbar Extension to: _____ Degrees ☐ With Pain ☐ Without Pain

Cervical Paravertebral Muscular Tenderness: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
☐ Left ☐ Right ☐ Bilaterally

Lumbar Paravertebral Muscular Tenderness: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
☐ Left ☐ Right ☐ Bilaterally

Thoracic Paravertebral Muscular Tenderness: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
☐ Left ☐ Right ☐ Bilaterally

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MUSCULOSKELETAL:

Facet Tenderness

Cervical: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
☐ Left ☐ Right ☐ Bilaterally

Thoracic: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
☐ Left ☐ Right ☐ Bilaterally

Lumbar: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
☐ Left ☐ Right ☐ Bilaterally

Sacroiliac: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
☐ Left ☐ Right ☐ Bilaterally

Greater Trochanteric Bursa: ☐ Present ☐ Not Present
☐ Left ☐ Right ☐ Bilaterally

Piriformis: ☐ Present ☐ Not Present
☐ Left ☐ Right ☐ Bilaterally

EXTREMITIES:

Digits: ☐ Normal ☐ No Clubbing ☐ No Cyanosis

Upper Extremities: ☐ Normal ☐ Abnormal

Lower Extremities: ☐ Normal ☐ Abnormal

Edema: ☐ +1 ☐ +2

Upper Extremity Power

C5 Elbow Flexion ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

C6 Wrist Extension ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

C7 Elbow Extension ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

C8 Finger Extension ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

T1 Finger Abduction ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

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EXTREMITIES:

Lower Extremity Power

L2 Hip Flexion ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

L3 Knee Extension ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

L4 Foot Dorsiflexion ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

L5 Hallux Dorsiflexion ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

S1 Hallux Plantar Flexion ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Left ☐ Right ☐ Bilaterally

SENSORY EXAM:

Sensation to…

Light touch:	☐ Normal	☐ Abnormal
Temperature:	☐ Normal	☐ Abnormal
Pinprick:	☐ Normal	☐ Abnormal

SKIN:

Sensation to…

Normal Skin Color:	☐ Yes	☐ No
Normal Skin Texture:	☐ Yes	☐ No
Rashes:	☐ Yes	☐ No
Lesions:	☐ Yes	☐ No
Normal Skin Turgor:	☐ Yes	☐ No

REFLEXES:

Patella: ☐ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Left ☐ Right ☐ Bilaterally

Achilles: ☐ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Left ☐ Right ☐ Bilaterally

Brachioradialis: ☐ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Left ☐ Right ☐ Bilaterally

Bicep: ☐ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Left ☐ Right ☐ Bilaterally

Tricep: ☐ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Left ☐ Right ☐ Bilaterally

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MENTAL STATUS:

Orientation:	☐ Alert	☐ Oriented x3		
Affect:	☐ Normal	☐ Blunted	☐ Flat	
	☐ Labile	☐ Anxious	☐ Fearful	☐ Tearful
Mood:	☐ Euthymic	☐ Sad	☐ Depressed	
	☐ Manic	☐ Euphoric	☐ Angry	
Memory:	☐ Normal	☐ Abnormal		

JOINT PAIN EXAM:

_____

_____

_____

OTHER TESTS:

_____

_____

_____

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FINAL ASSESSMENT

Assessment:

_____

_____

Diagnosis:

_____

_____

Chronic Pain ☐ Yes ☐ No

PAIN:

ICD 10 Code: ☐ None _____ **Pain Location(s):** ☐ None _____ **Type of Pain:** ☐ None _____

Mechanism of Injury: ☐ N/A

_____

_____

Pain consistent with mechanism of Injury: ☐ Yes ☐ No ☐ N/A

Secondary Injury: ☐ No ☐ Yes (please elaborate):

_____

_____

Medical Treatment for Pain: ☐ N/A

_____

_____

Physical Deformities: ☐ No ☐ Yes (please elaborate):

_____

_____

Confounding Medical Conditions: ☐ No ☐ Yes (please elaborate):

_____