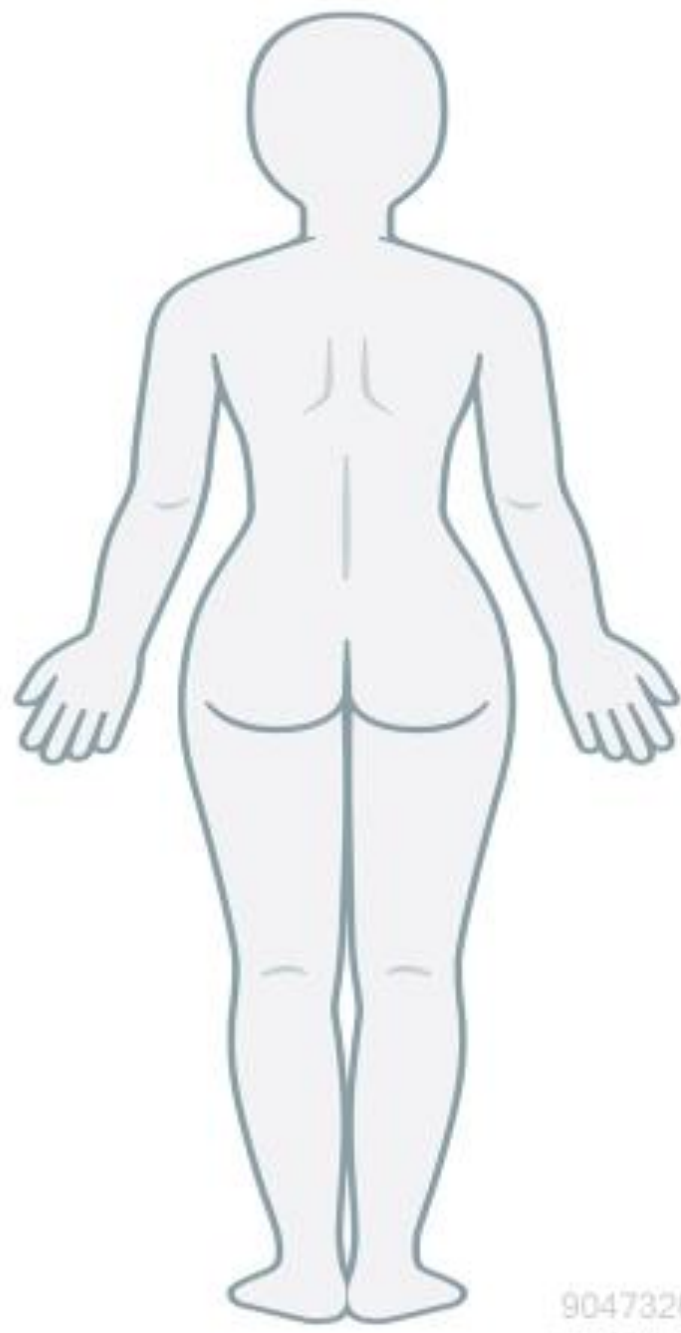
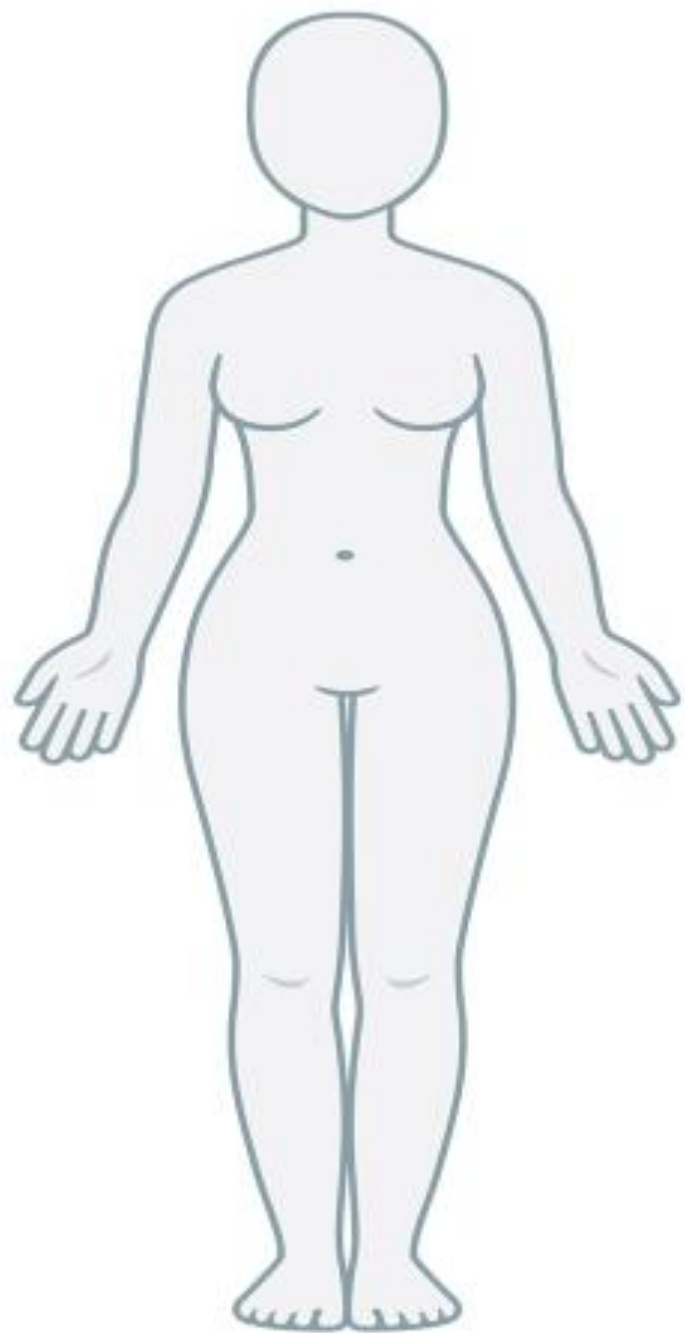


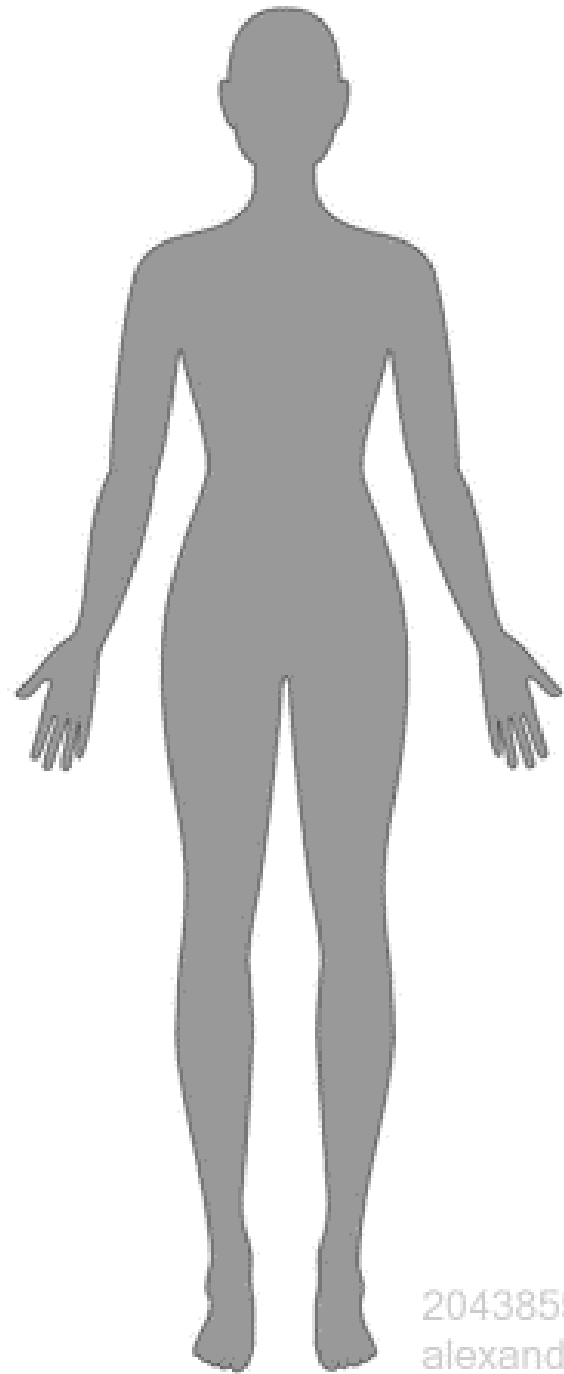
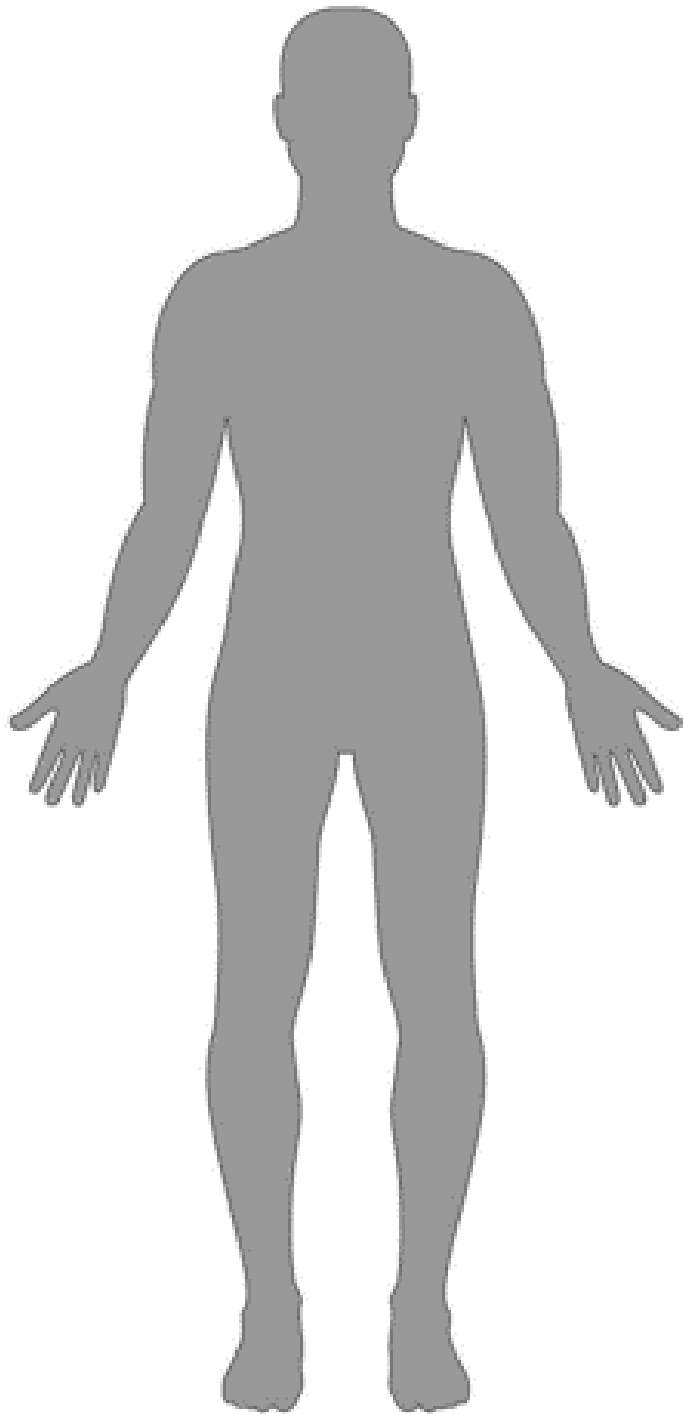


Self-Advocacy Tools

- Body Diagram
- List of Symptom Descriptors
- Pain Intensity Scale(s)
- Calendar

'Self-Advocacy Tools' PDF is available for download at:
<https://extrapelvicnotrare.org/external-resources/>





Symptom Descriptors

A.) Does it feel Superficial or Deep?

Is the pain local to one area, radiate from an area or travels from one area to another?

Is/are there position(s), movement(s), activities that increase/decrease symptoms?

Are the symptoms better/worse at specific times of day or month (related to menses)

Do any of these decrease/manage your symptoms: Warm/Cold compresses, nonprescription/prescription medications, rest, other?

B.) Body Diagram: Use Symbols and/or colors to describe/locate symptoms. Include Pain Scale #.

C.) Descriptors:

Sore Pulled Torsion Taut Faint Shooting Pricking Pressing/Pressure

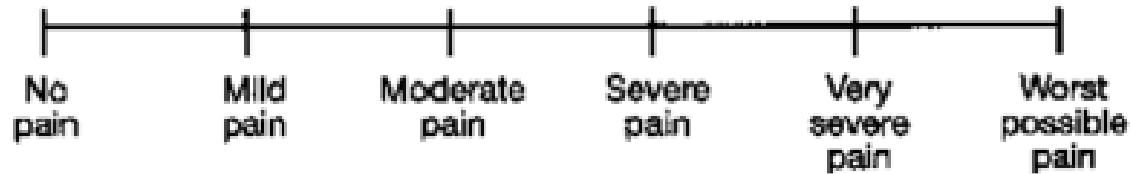
Clicking Lacerating Lancing Pinch Numb Tension Dull Ache

Squeezing Sharp Drilling Spasm Percussion Throbbing Hot Burning

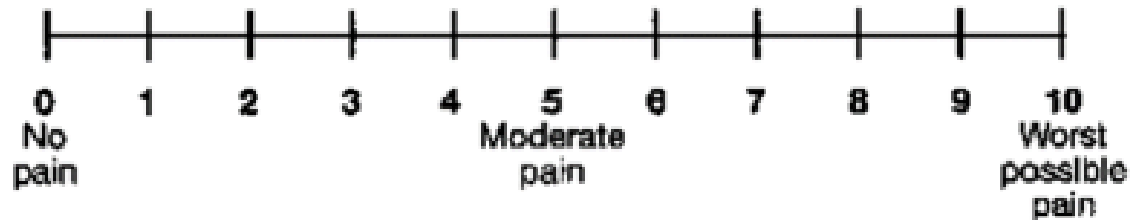
Cramping Cutting Explosive Cold Heavy Itchy Dizziness Radiating

Scratchy Electrical Distension Stinging Gurgling Bubbles

Simple Descriptive Pain Intensity Scale¹



0-10 Numeric Pain Intensity Scale¹

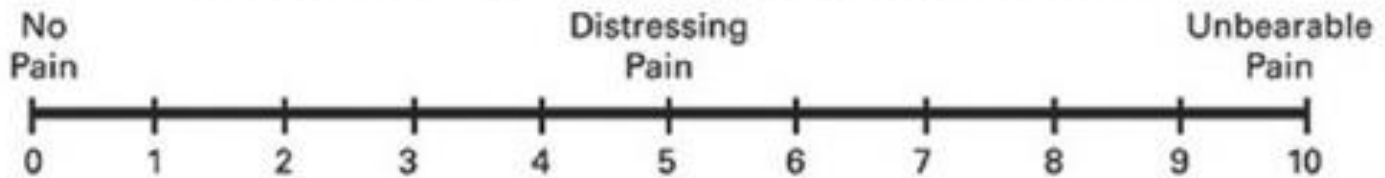


Visual Analog Scale (VAS)²



Visual Analogue Scale

Choose a Number from 0 to 10 That Best Describes Your Pain



ASK PATIENTS ABOUT THEIR PAIN

INTENSITY—LOCATION—ONSET—DURATION—VARIATION—QUALITY

"Faces" Pain Rating Scale



0
NO HURT



1
HURTS
LITTLE BIT



2
HURTS
LITTLE MORE



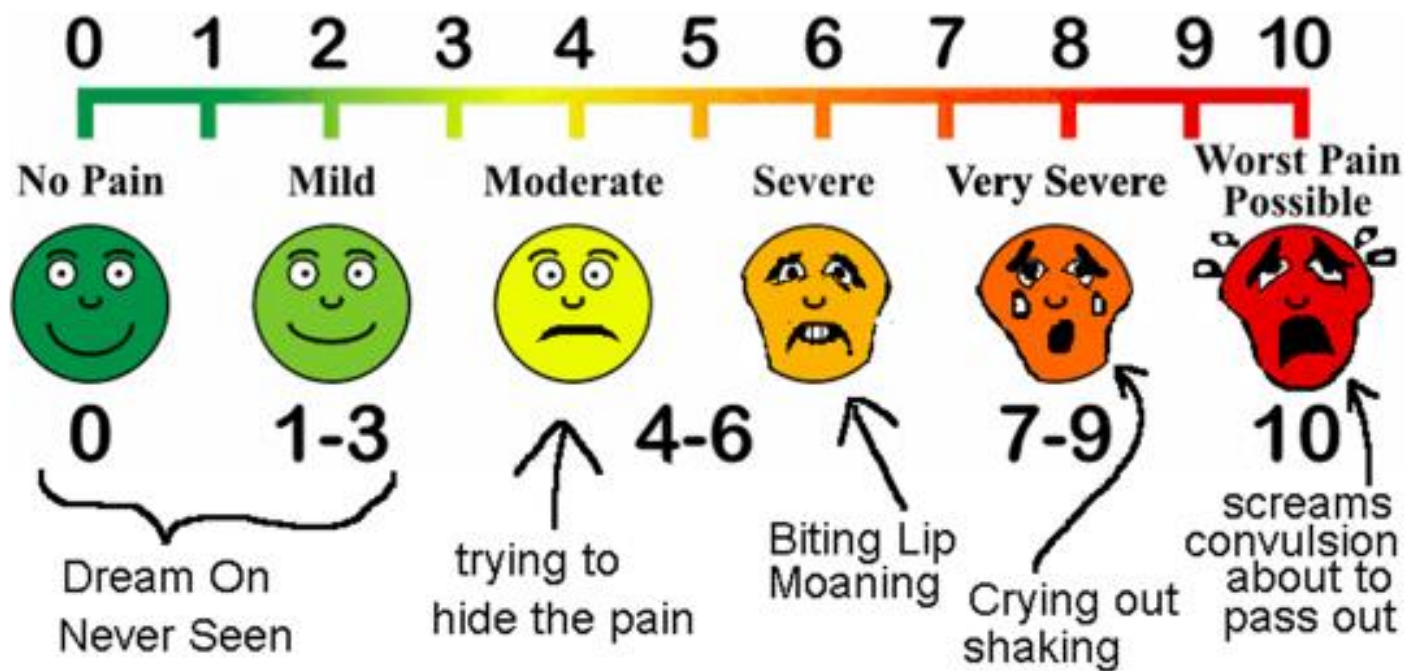
3
HURTS
EVEN MORE



4
HURTS
WHOLE LOT














5
HURTS
WORST



PAIN SCALE LEVEL



COMPARATIVE PAIN SCALE CHART (Pain assessment tool)

										
0 Pain Free	1 Very Mild	2 Discomforting	3 Tolerable	4 Distressing	5 Very Distressing	6 Intense	7 Very Intense	8 Utterly Horrible	9 Excruciating Unbearable	10 Unimaginable Intensity
No Pain	Minor Pain			Moderate Pain			Severe Pain			
Feeling perfectly normal	Nagging, annoying, but doesn't interfere with most daily living activities. Patient able to adapt to pain psychologically and with medication or devices such as cushions..			Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt pain.			Disabling; unable to perform daily living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently.			

0-10 SCALE OF PAIN SEVERITY

Severity	Description of Experience
10 Unable to move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9 Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8 Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7 Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6 Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5 Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4 Moderate	I am constantly aware of my pain but I can continue most activities.
3 Uncomfortable	My pain bothers me but I can ignore it most of the time.
2 Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1 Minimal	My pain is hardly noticeable.
0 No Pain	I have no pain.

