

## Health Needs Assessment

### Changing how pain affects your life

Pain can affect peoples' lives in many ways. This check list shows some of the problems and difficulties due to longstanding pain.

Please help us understand the main problems **at present** that **you** feel are important to improve your quality of life and self-manage with more confidence.

Please follow the two steps below and tick (✓) the boxes below related to your needs.

**Name:**

**Date of birth:**

<b>STEP 1</b>	<b>Do you have any problems or difficulties with:</b>
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 pain medication e.g. tablets etc.
5	<input type="checkbox"/> Pain symptoms or 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 sort 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 etc.
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, for example, concerns about housing, hobbies, leisure or social events with friends or visiting the church or mosque. Please describe here: ..... ..... .....
<b>STEP 2</b>	<p>If you ticked more than <b>three areas of your life</b>, please <b>circle the three</b> most important to change at present.</p> <p>Thank you for helping us to understand your needs and issues due to pain.</p>