



Pain Follow-Up Check-In

PEG-3 PAIN SCALE & INTERVAL UPDATE

PATIENT

DOB

MRN

DATE

Please answer each question for the **past week**. Check one number on each line.

1. What number best describes your pain on average in the past week?

0 1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 = No pain

10 = Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 = Does not interfere

10 = Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 = Does not interfere

10 = Completely interferes

Since Your Last Visit

Check **Yes** or **No** for each item. If yes, tell us briefly.

New medications, dose changes, or medications stopped (any prescriber) ☐ No ☐ Yes

If yes, please describe

New allergies or medication reactions ☐ No ☐ Yes

Surgery, hospital stay, or emergency room visit ☐ No ☐ Yes

New injury, fall, or new pain in a different area ☐ No ☐ Yes

Change in insurance, address, or phone number ☐ No ☐ Yes

Change in pharmacy ☐ No ☐ Yes

Since your last treatment or procedure, my pain is:

☐ Much better ☐ Somewhat better ☐ About the same ☐ Somewhat worse ☐ Much worse ☐ No treatment yet

Approximate percent pain relief from your last treatment or procedure:

% lasting about (hours / days / weeks)

What would you most like us to address at today's visit?

PATIENT SIGNATURE

DATE

Clinic use — scoring Pain Enjoyment Activity **PEG mean** Prior PEG Change · mean
= sum ÷ 3 · a change of ≥1 point (≥30%) is clinically meaningful

Nicolas Pugh, MD | Adrianne Anders, NP | Ted Chaka, PA

Abilene Pain Locations

Main: 1925 Hospital Place, Abilene, TX 79606

Additional: 6819 Memorial Dr, Ste B, Abilene, TX 79606

Contact Numbers

Main: 325-326-3433

Memorial: 325-468-8096

Online

Email: info@abilenepain.com

Web: www.abilenepain.com