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| **疼痛情況更新表 (Pain Update)** |

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| **姓（英文）：** | | | | | | | | | | **名（英文）：** | | | | | | | | | | | **今天的日期：**  \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | |
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| 在過去一週中，您經歷的疼痛平均分為多少分？ | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 0 | | 1 | | 2 | | 3 | | | | 4 | | 5 | | | 6 | | 7 | | 8 | | | | 9 | 10 |  |
| 無疼痛 | |  | |  | |  | |  | | | |  | |  |  | |  | |  | | |  | | | 能想象最劇烈的疼痛 | |

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| 在過去一週中，疼痛至多大程度影響您**日常的活動**？ | | | | | | | | | | | | | | | | | | |
|  | 0 | 1 | | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | | 10 | |  | |
| 沒有影響 | | |  | | | | | | | | | | | | | 完全影響 | | |
| 在過去一週中，以下陳述何為正確？ | | | | | | | | | 完全沒有 | | | 至些許程度或者有時如此 | | 至相當程度或者經常如此 | | | | 至非常大的程度或者幾乎總是如此 |
| 我意識到自己口乾舌燥 | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| 我覺得沒什麼事值得期待 | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| 我覺得自己幾乎感到驚恐不已 | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| 我對任何事都沒有熱誠 | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| 我覺得自己毫無價值 | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| 我在沒有體力活動的情況下能感覺到自己的心跳 （例如：感覺心跳加快或心跳漏了一拍） | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |

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| **就算您現在感覺疼痛**，您認為您是否能做到以下的事？請按照您的信心程度評分。 | | | | | | | | | | | | | | | | |
| 雖然感覺疼痛，我仍可以做某些工作（“工作”包括家務、給薪和不給薪的工作） | | 0 | | 1 | | 2 | | 3 | | | 4 | | | 5 | | 6 |
| 完全無信心 | | | | | | | 完全有信心 | | | | | | | |
| 雖然感覺疼痛，我仍可以過正常的生活 | | 0 | | 1 | | 2 | | 3 | | | 4 | | | 5 | | 6 |
| 完全無信心 | | | | | | | 完全有信心 | | | | | | | |
| 請標明您感覺疼痛時有以下想法或感覺的頻繁程度 | | | 不曾 | | 偶爾 | | 有時 | | | | | | 經常 | | 總是 | |
| 情況很糟糕，我覺得情況永遠不會改善 | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| 我擔心疼痛會加劇 | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| 我無法不去想它 | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| 我一直想著這疼痛怎不快快消失 | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| 過去一週中，您做了幾個小時的給薪工作？ | | | | | | | | | | …………………..小時 | | | | | | |
| 過去**3個月**中，您做了以下事情的次數是**….** | | | | | | | | | | | | | | | | |
| …. 因疼痛而去了醫院急診室 | | | | | | | | | | …………………. 次 | | | | | | |
| …. 因疼痛而住院接受治療 | | | | | | | | | | …………………. 次 | | | | | | |
| 請列明您目前使用的所有藥物（包括處方和非處方藥物） | | | | | | | | | | | | | | | | |
| **藥物名稱**  **（如標籤上註明）** | **藥物強度**  **（如標籤上註明）** | | | | **每天服用多少藥量？** | | | | | | | **一週服用該藥幾天？** | | | | |
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