Patient Consent
I understand that this test is to compare my opinion of pain tolerance with what I experience when a small lead weight is dropped upon my fingernail and the body part to be evaluated. I may stop the test at any time just by saying I do not wish to finish.

I understand my participation in this test will help the doctor evaluate my problem.

I understand that the information collected for this study will be confidential and kept separate from my medical records. There will be no personal identification or information published that would compromise my privacy.

I am willing to participate in this test to evaluate my sensitivity to pain.

________________________
Date

________________________
Patient signature

________________________
Witness

________________________
Examiner
1. AGE: _____ years

2. GENDER:
   - male
   - female

3. RACE OR GENETIC HERITAGE:
   - African (black)
   - Asian or Pacific Islander
   - Caucasian (white)
   - Hispanic
   - Native American Indian
   - other: ________________________________

4. DOMINANT HAND:
   - right
   - left
   - truly ambidextrous

5. EMPLOYMENT:
   - yes, I am presently employed
   - no
   - retired
   - unemployed
   - off on physical disability for ________________________________
     % disability: _____
     reason for disability: ________________________________

6. ARE YOUR INDEX FINGERS NORMAL?
   - yes
   - no  If no, describe: ________________________________

7. ARTIFICIAL NAILS?
   - yes
   - no

8. LONG NAILS?
   - yes
   - no

9. NAIL POLISH?
   - yes
   - no
10. DO YOU HAVE ANY BLEEDING TENDENCY?
   □ yes   If yes, describe: ________________________________
   □ no

11. DO YOU HAVE ANY PAIN ANYWHERE IN YOUR BODY NOW?
   □ yes   If yes, how much bodily pain do you have?
   □ no     (choose one answer)
   □ none
   □ very mild
   □ mild
   □ moderate
   □ severe
   □ very severe
   If yes, where?

12. HAVE YOU TAKEN ANY MEDICATION THAT COULD AFFECT PAIN IN THE LAST 24 HOURS?
   □ yes
   □ no

13. WHAT HAS CAUSED YOU THE MOST PHYSICAL PAIN YOU EVER HAD?
   (choose one answer)
   Injury:
   □ laceration (cut)
   □ fracture (broken bone)
   □ dislocation (of joint)
   □ other injury: ____________________________
   □ childbirth
   □ kidney stone
   □ surgery: ________________________________
   □ other: ________________________________
14. **PATIENT'S RESPONSE TO QUESTION ESTIMATING THEIR PAIN TOLERANCE?** (choose only one number)

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(no pain tolerance) 0 1 2 3 4 5 6 7 8 9 10 (the most pain tolerance I can imagine anyone would have)

15. **FINGER OUCH TESTING:**

- **Finger tested:** (Listed in order of preference. Use same finger on both hands.)
  - **Right:** index little ring middle thumb
  - **Left:** index little ring middle thumb

- **Level** Right Left
- top       _______ _______ 0 (no pain) – 10 (the most pain I can imagine anyone having)
- 5         _______ _______ Perform tests on right side then left side.
- 4         _______ _______ Start with level 1 and move up.
- 3         _______ _______ Verify that ball does not land on cuticle, or beyond finger tip.
- 2         _______ _______ Start with 1 foot and move up.
- 1         _______ _______

**Comments:**

16. **AFFECTED BODY PART OUCH TESTING:**

- **Body part:** hip knee ankle shoulder elbow wrist other: __________

- **Symptomatic:** Right Left
  - yes     yes
  - no      no

- **Drop** Right Left
  - 3 feet   _______ _______ 0 (no pain) – 10 (the most pain I can imagine anyone having)
  - 2 feet   _______ _______ Perform tests on asymptomatic side first, then the symptomatic side.
  - 1 foot   _______ _______ Start with 1 foot and move up.

**Comments:**

17. **PATIENT'S POST TEST RATING:** □ I liked the test. □ I disliked the test.

Any suggestions?

18. **THE FOLLOWING POST TEST WARNING WAS GIVEN:** □ yes □ no

*If your fingernail bleeds or gets black, please let us know, you might have a bleeding tendency.*

19. **EXAMINER'S ESTIMATION OF PATIENT'S PAIN TOLERANCE AFTER TESTING:** (choose only one number)

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(no pain tolerance) 0 1 2 3 4 5 6 7 8 9 10 (the most pain tolerance I can imagine anyone would have)

20. **NOTES:**