



*holly giannatselis*

NATUROPATHIC DOCTOR

**Dr. Holly Giannatselis, HBSc, MSc, ND**

107-555 Southdale Road East

London, Ontario

N6E 1A2

519-685-5559

[holly@drhollyg.com](mailto:holly@drhollyg.com)

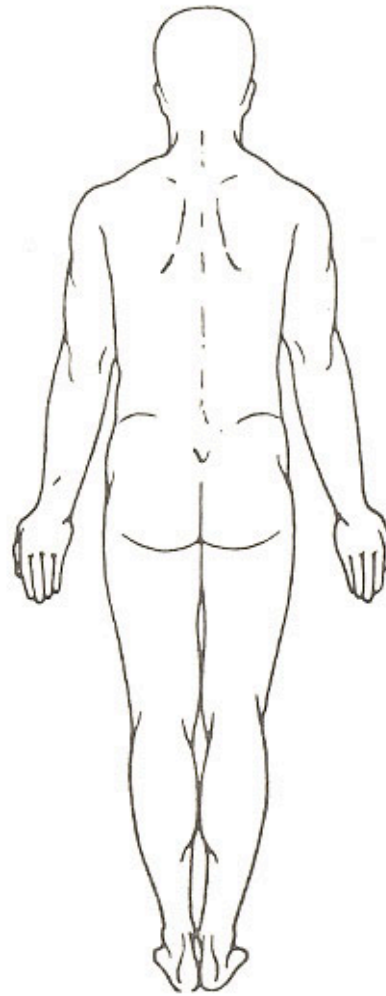
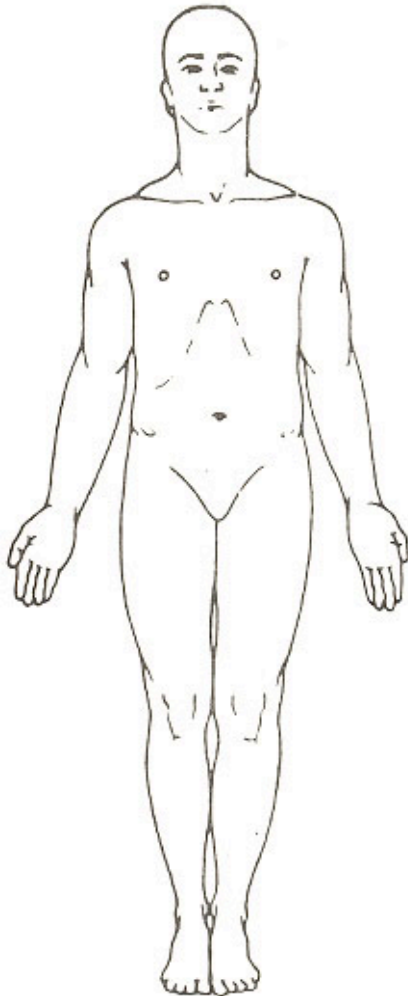
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### **Pain Questionnaire**

**Some of the words below describe your present pain. Check ONLY those words that best describe it.**

- |                                    |                                   |                                   |                                     |
|------------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Sharp      |
| <input type="checkbox"/> Gnawing   | <input type="checkbox"/> Tugging  | <input type="checkbox"/> Burning  | <input type="checkbox"/> Tingling   |
| <input type="checkbox"/> Dull      | <input type="checkbox"/> Tender   | <input type="checkbox"/> Itchy    | <input type="checkbox"/> Aching     |
| <input type="checkbox"/> Radiating | <input type="checkbox"/> Numb     | <input type="checkbox"/> Cold     | <input type="checkbox"/> Unbearable |

**Please mark, on the drawings below, the areas where you feel pain. Put *E* if external, or *I* if internal, near the areas you mark. Put *EI* if both external and internal**





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