

Questionario ad hoc su percezione del dolore

Legga per favore le affermazioni che seguono e risponda facendo riferimento alle ultime 4 settimane. Per ogni affermazione dovrà indicare la frequenza, la durata e l'intensità. Inserisca una crocetta nella casella che il più sinceramente possibile corrisponde o si avvicina alla sua condizione.

Tutte le informazioni saranno trattate con riservatezza.

1. Dolori ai bulbi oculari

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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2. Dolori alla colonna vertebrale

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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3. Dolori muscolari

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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4. Dolori articolari

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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5. Mal di testa/emicrania

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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6. Mal d’orecchio

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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7. Mal di gola

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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8. Dolori diffusi

Frequenza:

1 “mai”	2	3	4	5	6	7	8	9	10 “sempre”
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Durata:

1 “molto breve”	2	3	4	5	6	7	8	9	10 “costante”
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Intensità:

1 “scarsa intensità”	2	3	4	5	6	7	8	9	10 “elevata intensità”
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