

COMPREHENSIVE PAIN MANAGEMENT

Name: _____

Date: _____

INSTRUCTIONS

This questionnaire contains groups of statements. Pick out the one statement in each group that best describes the way you feel today. Circle the number beside each statement you have chosen. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
 1 I feel sad.
 2 I am sad all the time and I can't snap out of it.
 3 I am so sad or unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
 1 I feel discouraged about the future.
 2 I feel I have nothing to look forward to.
 3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
 1 I feel I have failed more than the average person.
 2 As I look back on my life, all I can see is a lot of failures.
 3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
 1 I don't enjoy things the way I use to.
 2 I don't get real satisfaction out of anything anymore.
 3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
 1 I feel guilty a good part of the time.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
 1 I feel I may be punished.
 2 I expect to be punished.
 3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
 1 I am disappointed in myself.
 2 I am disgusted with myself.
 3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
 1 I am critical of myself for my weakness or mistakes.
 2 I blame myself all the time for my faults.
 3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
 1 I have thoughts of killing myself, but I would not carry them out.
 2 I would like to kill myself.
 3 I would kill myself if I had the chance.

10. 0 I don't cry any more than usual.
 1 I cry more now than I use to.
 2 I cry all the time now.
 3 I used to be able to cry, but now I can't cry even though I want to.

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11. 0 I am no more irritated by things than I ever am.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time now.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost nothing.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health as usual.
1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex now than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

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INSTRUCTIONS

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life, please answer every section, and mark in each section only the one box that applies to you. We realize you may consider that two statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Section 1 – Pain Intensity

- I can tolerate the pain I have without having to use pain killers.
- The pain is bad but I manage with taking pain killers.
- Pain killers give complete relief from pain.
- Pain killers give moderate relief from pain.
- Pain killers give very little relief from pain.
- Pain killers have no effect on the pain and I do not use them.

Section 2 – Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, wash with difficulty and stay in bed.

Section 3 – Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Section 4 – Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using tablets.
- Even when I take tablets I have less than six hours sleep.
- Even when I take tablets I have less than four hours sleep.
- Even when I take tablets I have less than two hours sleep.
- Pain prevents me from sleeping at all.

Section 5 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

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Section 6 – Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

Section 7 – Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me sitting more than 1 hour.
- Pain prevents me sitting more than 1/2 hour.
- Pain prevents me sitting more than 1/4 hour.
- Pain prevents me from sitting at all.

Section 8 – Sex Life

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some pain.
- My sex life is normal but it is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

Section 9 – Social Life

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, eg dancing etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

Section 10 – Traveling

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I can manage journeys over two hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to short necessary journeys under 30 mins.
- Pain prevents me from traveling except to the doctor or hospital.

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INSTRUCTIONS

Mark an "X" along the line that expresses your thoughts from 0% to 100% in each section. Reach each statement carefully. There are words to help you with each statement. If you need help, please ask.

Section I: Pain Intensity

To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?

None
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%
Some
All the time

Section II: Personal Care

How much does pain interfere with your personal care (getting out of bed, teeth brushing, dressing, etc.)?

None
(no pain)
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%
Some
I cannot get
out of bed

Section III: Lifting

How much limitation do you notice in lifting?

None
(I can lift as I did)
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%
Some
I cannot lift
anything

Section IV: Walking

Compared to how far you could walk before your injury or back trouble, how much does pain restrict your walking now?

I can walk
the same
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%
Almost the
same
Very Little
I cannot
walk

Section V: Sitting

Back pain limits my sitting in a chair to:

None, pain
same as before
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%
Some
I cannot sit
at all

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Section VI: Standing

How much does your pain interfere with your tolerance to stand for long periods?

None
Same as before
0% (_____ : _____ : _____ : _____ : _____) 100%
Some
I cannot stand

Section VII: Sleeping

How much does pain interfere with your sleeping?

None
Same as before
0% (_____ : _____ : _____ : _____ : _____) 100%
Some
I cannot sleep at all

(_____ X 3 = _____ % Daily Activities Interference)

Section VIII: Social Life

How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc.)?

None
Same as before
0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%
Some
No activities total loss

Section IX: Traveling

How much does pain interfere with traveling in a car?

None
Same as before
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%
Some
Cannot travel

Section X: Vocational

How much does pain interfere with your job?

None
No interference
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%
Some
I cannot work

(_____ X 5 = _____ % Work/Leisure Activities Interference)

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Section XI: Anxiety/Mood

How much control do you feel that you have over demands made on you?

(No Change)

Total _____ Some _____ None _____
100% (_____ : _____ : _____ : _____ : _____ : _____) 0%

Section XII: Emotional Control

How much control do you feel you have over your emotions?

(No Change)

Total _____ Some _____ None _____
100% (_____ : _____ : _____ : _____ : _____ : _____) 0%

Section XIII: Depression

How depressed have you been since the onset of pain?

No depressed

Significantly

Overwhelmed _____
by Depression _____
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%

(_____ X 5 = _____ % Anxiety/Depression Interference)

Section XIV: Interpersonal Relationships

How much do you think your pain has changed your relationships with others?

Not Changed

Drastically Changed _____
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%

Section XV: Social Support

How much support do you need from others to help you during this onset of pain (taking over chores, fixing meals, etc.)?

None Needed

Some _____ All the Time _____
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%

Section XVI: Punishing Response

How much do you think others express irritation, frustration or anger toward you because of your pain?

None

Some _____ All the Time _____
0% (_____ : _____ : _____ : _____ : _____ : _____) 100%

(_____ X 5 = _____ % Social Interest Interference)