PATIENT INTAKE PACKAGE

Pain assessment questionnaires

Please complete the following questionnaires before your visit. Your answers help us understand your pain and how it affects your daily life, so we can personalize your care.

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01 **Brief Pain Inventory**
Severity & interference — self report

02 **DASS-21**
Depression, Anxiety & Stress Scale

03 **Pain Self-Efficacy Questionnaire**
Confidence despite pain (PSEQ)

04 **Pain Catastrophizing Scale**
Thoughts & feelings during pain (PCS)

Under the care of
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Brief Pain Inventory — Self Report

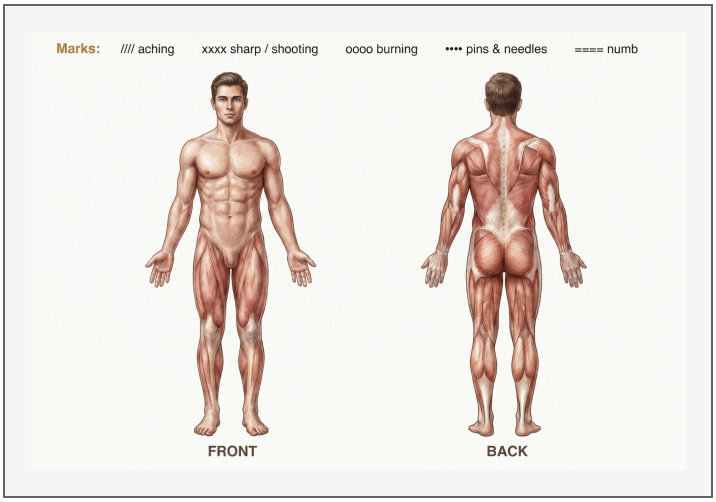
PATIENT NAME	DOB	PHN	DATE

The purpose of this questionnaire is to tell us about the severity of your pain and how pain affects your day-to-day activities.

1 Have you had pain other than everyday kinds of pain (e.g. minor headaches, sprains, toothaches) today?

☐ Yes ☐ No

2 On the diagram, shade the areas where you feel pain. Put an **X** on the area that hurts the most.



Circle the words that best describe your pain:

tingling	cramping
exhausting	shooting
heavy	continuous
stabbing	aching
nagging	burning
throbbing	excruciating
deep	sharp
unbearable	numb

3 Please rate your pain at its WORST in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10

NO PAIN — PAIN AS BAD AS YOU CAN IMAGINE

4 Please rate your pain at its LEAST in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10

NO PAIN — PAIN AS BAD AS YOU CAN IMAGINE

5 Please rate your pain ON AVERAGE.

0	1	2	3	4	5	6	7	8	9	10

NO PAIN — PAIN AS BAD AS YOU CAN IMAGINE

6 Please rate your pain RIGHT NOW.

0	1	2	3	4	5	6	7	8	9	10

NO PAIN — PAIN AS BAD AS YOU CAN IMAGINE

7 What treatments or medications are you currently receiving for your pain?

8 In the past 24 hours, how much relief have pain treatments or medications provided?

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

NO RELIEF COMPLETE RELIEF

9 Circle the number that best describes how pain has interfered with your daily life in the past 24 hours:

A General activity

0	1	2	3	4	5	6	7	8	9	10

DOES NOT INTERFERE COMPLETELY INTERFERES

B Mood

0	1	2	3	4	5	6	7	8	9	10

DOES NOT INTERFERE COMPLETELY INTERFERES

C Walking ability

0	1	2	3	4	5	6	7	8	9	10

DOES NOT INTERFERE COMPLETELY INTERFERES

D Normal work (including housework)

0	1	2	3	4	5	6	7	8	9	10

DOES NOT INTERFERE COMPLETELY INTERFERES

E Relations with other people

0	1	2	3	4	5	6	7	8	9	10

DOES NOT INTERFERE COMPLETELY INTERFERES

F Sleep

0	1	2	3	4	5	6	7	8	9	10

DOES NOT INTERFERE COMPLETELY INTERFERES

G Enjoyment of life

0	1	2	3	4	5	6	7	8	9	10

DOES NOT INTERFERE COMPLETELY INTERFERES

10 Please circle any other symptoms you may have:

☐ Nausea	☐ Vomiting	☐ Constipation	☐ Diarrhea	☐ Urinary problems
☐ Indigestion	☐ Sweating	☐ Feeling drowsy	☐ Tiredness	☐ Itching

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DASS-21 — Depression, Anxiety & Stress Scale

PATIENT NAME	DOB	PHN	DATE

Please read each statement and circle a number (0, 1, 2, or 3) which indicates how much the statement applied to you over the past week. There are no right or wrong answers.

0 — Did not apply to me at all

1 — Applied to some degree, or some of the time

2 — Applied to a considerable degree, or a good part of the time

3 — Applied very much, or most of the time

#	STATEMENT	0	1	2	3
1	I found it hard to wind down	☐	☐	☐	☐
2	I was aware of dryness of my mouth	☐	☐	☐	☐
3	I couldn't seem to experience any positive feeling at all	☐	☐	☐	☐
4	I experienced breathing difficulty (e.g. rapid breathing or breathlessness without physical exertion)	☐	☐	☐	☐
5	I found it difficult to work up the initiative to do things	☐	☐	☐	☐
6	I tended to over-react to situations	☐	☐	☐	☐
7	I experienced trembling (e.g. in the hands)	☐	☐	☐	☐
8	I felt that I was using a lot of nervous energy	☐	☐	☐	☐
9	I was worried about situations in which I might panic and make a fool of myself	☐	☐	☐	☐
10	I felt that I had nothing to look forward to	☐	☐	☐	☐
11	I found myself getting agitated	☐	☐	☐	☐
12	I found it difficult to relax	☐	☐	☐	☐
13	I felt down-hearted and blue	☐	☐	☐	☐
14	I was intolerant of anything that kept me from getting on with what I was doing	☐	☐	☐	☐
15	I felt I was close to panic	☐	☐	☐	☐
16	I was unable to become enthusiastic about anything	☐	☐	☐	☐
17	I felt I wasn't worth much as a person	☐	☐	☐	☐
18	I felt that I was rather touchy	☐	☐	☐	☐
19	I was aware of the action of my heart without physical exertion (e.g. sense of heart rate increase, heart missing a beat)	☐	☐	☐	☐
20	I felt scared without any good reason	☐	☐	☐	☐
21	I felt that life was meaningless	☐	☐	☐	☐

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Pain Self-Efficacy — PSEQ

PATIENT NAME	DOB	PHN	DATE

Please rate how confident you are that you can do the following things at present, despite the pain. Circle one number where **0 = not at all confident** and **6 = completely confident**.

This asks how confident you are that you can do them — not whether you have been doing them.

#	STATEMENT	0	1	2	3	4	5	6
1	I can enjoy things, despite the pain	☐	☐	☐	☐	☐	☐	☐
2	I can do most of the household chores (e.g. tidying up, washing dishes), despite the pain	☐	☐	☐	☐	☐	☐	☐
3	I can socialise with friends or family as often as I used to, despite the pain	☐	☐	☐	☐	☐	☐	☐
4	I can cope with my pain in most situations	☐	☐	☐	☐	☐	☐	☐
5	I can do some form of work, despite the pain (“work” includes housework, paid and unpaid)	☐	☐	☐	☐	☐	☐	☐
6	I can still do many things I enjoy, such as hobbies or leisure activities, despite the pain	☐	☐	☐	☐	☐	☐	☐
7	I can cope with my pain without medication	☐	☐	☐	☐	☐	☐	☐
8	I can still accomplish most of my goals in life, despite the pain	☐	☐	☐	☐	☐	☐	☐
9	I can live a normal lifestyle, despite the pain	☐	☐	☐	☐	☐	☐	☐
10	I can gradually become more active, despite the pain	☐	☐	☐	☐	☐	☐	☐
		NOT AT ALL						COMPLETELY

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Pain Catastrophizing Scale — PCS

PATIENT NAME	DOB	PHN	DATE

We are interested in the thoughts and feelings you have when you are in pain. Using the scale, indicate the degree to which you have these thoughts and feelings when experiencing pain.

#	STATEMENT	0 Not at all	1 Slight degree	2 Moderate degree	3 Great degree	4 All the time
1	I worry all the time about whether the pain will end	☐	☐	☐	☐	☐
2	I feel I can't go on	☐	☐	☐	☐	☐
3	It's terrible and I think it's never going to get any better	☐	☐	☐	☐	☐
4	It's awful and I feel that it overwhelms me	☐	☐	☐	☐	☐
5	I feel I can't stand it anymore	☐	☐	☐	☐	☐
6	I become afraid that the pain will get worse	☐	☐	☐	☐	☐
7	I keep thinking of other painful events	☐	☐	☐	☐	☐
8	I anxiously want the pain to go away	☐	☐	☐	☐	☐
9	I can't seem to keep it out of my mind	☐	☐	☐	☐	☐
10	I keep thinking about how much it hurts	☐	☐	☐	☐	☐
11	I keep thinking about how badly I want the pain to stop	☐	☐	☐	☐	☐
12	There's nothing I can do to reduce the intensity of the pain	☐	☐	☐	☐	☐
13	I wonder whether something serious may happen	☐	☐	☐	☐	☐

END OF PACKAGE · THANK YOU