

Davis Consultants, PC
Chronic Pain Evaluation Questionnaire

This package contains several questionnaires which we are asking you to complete as a part of your behavioral medicine evaluation. Your responses to these questionnaires will help us to understand your pain experience and will also provide us with information which will help us to help you learn how to enhance the effectiveness of the medical treatments you are receiving through your own pain self-management efforts.

Please try to provide an answer to **every question** on every questionnaire. Also, please provide **only one answer** to each question. Should you have difficulty deciding between answer options, please do not circle or check more than one answer option for any question.

You know the answers to every question that you will find in the questionnaires. There are no “right” or “wrong” answers. **Please do not try to “pass the test.”** Please respond to the questionnaire items in the way that most accurately reflects **your experience**. Please do not provide what you may think are the socially correct answers or answers that reflect how you would like others to view you.

Please provide the following information:

Name: _____ Today's Date: _____

Date of Birth: _____ Social Security #: _____

Gender: Male Female Age: _____

Race: Asian Black Hispanic Native American Caucasian Other

Marital Status: Single Married Living as married Separated/Divorced
 Widowed Other: _____

Please go on to the next page

Please also provide the following information:

Years of Education: _____

Level of Education:

- Did not complete high school/No GED
- High school graduate or GED
- Vo-tech/Some college/AA degree
- College graduate (BA or BS or equivalent)
- Postgraduate degree
- Other: _____

Number of hours per week spent in work or school related activities: _____

Date Pain Began (Month & Year) _____

Please indicate the main location in your body where you experience pain. If you experience pain in more than one area of your body please try to choose the one response below that best describes the pain that bothers you the most. If you cannot choose one pain over another it is okay to check more than one box:

- Back pain
- Back pain with leg pain
- Leg pain without back pain
- Neck pain
- Neck pain with arm/shoulder pain
- Arm/shoulder pain without neck pain
- Headache
- Abdominal pain

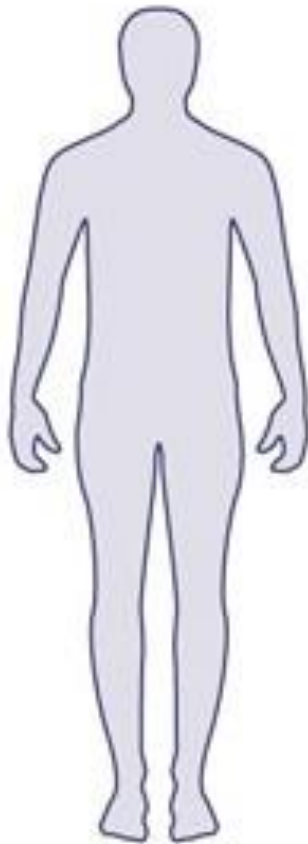
Have you been diagnosed by a healthcare professional with any of the following disorders? Please check all that apply and provide the name of the healthcare provider who made the diagnosis and the year the diagnosis was made

- Myofacial pain
- Fibromyalgia
- Complex Regional Pain Syndrome (CRPS)
- Reflex Sympathetic Dystrophy (RSD)
- Trigeminal Neuralgia
- Peripheral Neuropathy
- Irritable Bowel Syndrome
- Migraine headache
- Tension headache
- Other: _____

Please go on to the next page

Please illustrate where you experience your chronic pain and related symptoms on the diagram below using the following symbols:

- + for Aching Pain
- X for Burning Pain
- / for Stabbing Pain
- = for Numbness
- 0 for Pins and Needles



FRONT



BACK

Please go on to the next page

MPI V2

(© Kerns, Turk, and Rudy, 1985)

An important part of our evaluation includes examination of pain from YOUR perspective. You know your pain better than anyone, so the information you give is very helpful in planning a treatment program for you.

Please read each question carefully and then do your best to answer each one. **Do not skip any questions.** If there is a question that you think does not apply to you, please **circle the number** of that question. After you have completed the questionnaire, check your responses to make sure that you have answered each question. Please use the last page to add any additional information or comments that you think would be of help to us in better understanding your pain problem.

A. Some of the questions in this questionnaire refer to your "significant other." A significant other is a person with whom you feel closest. This includes anyone that you relate to on a regular or infrequent basis. It is very important that you identify someone as your "significant other." Please indicate below who your significant other is (check one):

- Spouse Partner/Companion Housemate/Roommate
- Friend Neighbor Parent/Child/Other Relative
- Other (please describe): _____

B. Do you currently live with this person? Yes No

When you answer questions in the following pages about "your significant other," always respond in reference to the specific person you just indicated.

Please go on to the next page

SECTION I

This part asks questions to help us learn more about your pain and how it affects your life. Under each question is a scale to mark your answer. Read each question carefully and then **circle a number** on the scale under that question to indicate how that specific question applies to you. An example may help you to better understand how you should answer these questions.

EXAMPLE

How nervous are you when you ride in a car when the traffic is heavy?

0	1	2	3	4	5	6
Not at all Nervous						Extremely Nervous

If you are not at all nervous when riding in a car in heavy traffic, you would want to circle the number 0. If you are very nervous when riding in a car in heavy traffic, you would then circle the number 6. Lower numbers would be used for less nervousness, and higher numbers for more nervousness.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Rate the level of your pain at the present moment

0	1	2	3	4	5	6
No pain						Very intense pain
2. In general, how much does your pain interfere with your day to day activities?

0	1	2	3	4	5	6
No interference						Extreme interference
3. Since the time your pain began, how much has your pain changed your ability to work? (_____ Check here if you are not working for reasons other than your pain).

0	1	2	3	4	5	6
No change						Extreme change
4. How much has your pain changed the amount of satisfaction or enjoyment you get from taking part in social and recreational activities?

0	1	2	3	4	5	6
No change						Extreme change

Please go on to the next page

MPI V2

5. How supportive or helpful is your significant other (this refers to the person you indicated above) to you in relation to your pain?
0 1 2 3 4 5 6
Not at all supportive Extremely supportive
6. Rate your overall mood during the past week.
0 1 2 3 4 5 6
Extremely low Extremely high
7. How much has your pain interfered with your ability to get enough sleep?
0 1 2 3 4 5 6
No interference Extreme interference
8. On the average, how severe has your pain been during the last week?
0 1 2 3 4 5 6
Not at all severe Extremely severe
9. How able are you to predict when your pain will start, get better, or get worse?
0 1 2 3 4 5 6
Not at all able to predict Very able to predict
10. How much has your pain changed your ability to take part in recreational and other social activities?
0 1 2 3 4 5 6
No change Extreme change
11. How much do you limit your activities in order to keep your pain from getting worse?
0 1 2 3 4 5 6
Not at all Very much
12. How much has your pain changed the amount of satisfaction or enjoyment you get from family related activities?
0 1 2 3 4 5 6
No change Extreme change
13. How worried is your spouse (significant other) about you because of your pain?
0 1 2 3 4 5 6
Not at all worried Extremely worried

Please go on to the next page

MPI V2

14. During the past week how much control do you feel you have had over your life?
0 1 2 3 4 5 6
No control Extreme control
15. On an average day, how much does your pain vary (increase or decrease)?
0 1 2 3 4 5 6
Remains the same Changes a lot
16. How much suffering do you experience because of your pain?
0 1 2 3 4 5 6
No suffering Extreme suffering
17. How often are you able to do something that helps to reduce your pain?
0 1 2 3 4 5 6
Never Very often
18. How much has your pain changed your relationship with your spouse, family, or significant other?
0 1 2 3 4 5 6
No change Extreme change
19. How much has your pain changed the amount of satisfaction or enjoyment you get from work?
(____ Check here if you are not presently working).
0 1 2 3 4 5 6
No change Extreme change
20. How attentive is your spouse (significant other) to you because of your pain?
0 1 2 3 4 5 6
Not at all attentive Extremely attentive
21. During the past week, how well do you feel you've been able to deal with your problems?
0 1 2 3 4 5 6
Not at all Extremely well
22. How much control do you feel you have over your pain?
0 1 2 3 4 5 6
No control at all A great deal of control

Please go on to the next page

MPI V2

23. How much has your pain changed your ability to do household chores?
0 1 2 3 4 5 6
No change Extreme change
24. During the past week, how successful were you in coping with stressful situations in your life?
0 1 2 3 4 5 6
Not at all successful Extremely successful
25. How much has your pain interfered with your ability to plan activities?
0 1 2 3 4 5 6
No interference Extreme interference
26. During the past week how irritable have you been?
0 1 2 3 4 5 6
Not at all irritable Extremely irritable
27. How much has your pain changed your friendships with people other than your family?
0 1 2 3 4 5 6
No change Extreme change
28. During the past week how tense or anxious have you been?
0 1 2 3 4 5 6
Not at all tense or anxious Extremely tense & anxious

SECTION 2

In this section, we are interested in knowing how your spouse (or significant other) responds to you when he or she knows you are in pain. On the scale listed below each question, **circle a number** to indicate how often your spouse (or significant other) responds to you in that particular way when you are in pain.

PLEASE ANSWER ALL OF THE 14 QUESTIONS

1. Ignores me.
0 1 2 3 4 5 6
Never Very often

Please go on to the next page

MPI V2

2. Asks me what he or she can do to help
0 1 2 3 4 5 6
Never Very often
3. Reads to me.
0 1 2 3 4 5 6
Never Very often
4. Gets irritated with me.
0 1 2 3 4 5 6
Never Very often
5. Takes over my jobs or duties.
0 1 2 3 4 5 6
Never Very often
6. Talks to me about something else to take my mind off the pain.
0 1 2 3 4 5 6
Never Very often
7. Gets frustrated with me.
0 1 2 3 4 5 6
Never Very often
8. Tries to get me to rest.
0 1 2 3 4 5 6
Never Very often
9. Tries to involve me in some activity.
0 1 2 3 4 5 6
Never Very often
10. Gets angry with me.
0 1 2 3 4 5 6
Never Very often
11. Gets me pain medication.
0 1 2 3 4 5 6
Never Very often

Please go on to the next page

MPI V2

12. Encourages me to work on a hobby.
0 1 2 3 4 5 6
Never Very often
13. Gets me something to eat or drink.
0 1 2 3 4 5 6
Never Very often
14. Turns on the T.V. to take my mind off my pain.
0 1 2 3 4 5 6
Never Very often

SECTION 3

Listed below are 19 daily activities. Please indicate how often you do each of these by circling a number on the scale listed below each activity. Please complete all 19 questions.

1. Wash dishes.
0 1 2 3 4 5 6
Never Very often
2. Mow the lawn. (_____ Check here if you do not have a lawn to mow.)
0 1 2 3 4 5 6
Never Very often
3. Go out to eat.
0 1 2 3 4 5 6
Never Very often
4. Play cards or other games.
0 1 2 3 4 5 6
Never Very often
5. Go grocery shopping.
0 1 2 3 4 5 6
Never Very often

Please go on to the next page

MPI V2

6. Work in the garden. (____check here if you do not have a garden.)
0 1 2 3 4 5 6
Never Very often
7. Go to a movie.
0 1 2 3 4 5 6
Never Very often
8. Visit friends.
0 1 2 3 4 5 6
Never Very often
9. Help with the housecleaning.
0 1 2 3 4 5 6
Never Very often
10. Work on the car. (____check here if you do not have a car.)
0 1 2 3 4 5 6
Never Very often
11. Take a ride in a car or bus.
0 1 2 3 4 5 6
Never Very often
12. Visit relatives. (____check here if you do not have relatives within 100 miles.)
0 1 2 3 4 5 6
Never Very often
13. Prepare a meal.
0 1 2 3 4 5 6
Never Very often
14. Wash the car. (____check here if you do not have a car.)
0 1 2 3 4 5 6
Never Very often
15. Take a trip.
0 1 2 3 4 5 6
Never Very often

Please go on to the next page

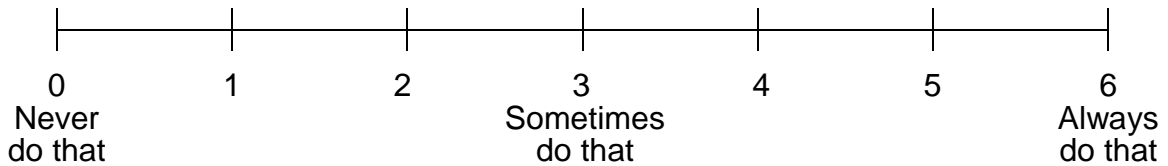
MPI V2

16. Go to a park or beach.
0 1 2 3 4 5 6
Never Very often
17. Do the laundry.
0 1 2 3 4 5 6
Never Very often
18. Work on a needed household repair
0 1 2 3 4 5 6
Never Very often
19. Engage in sexual activities.
0 1 2 3 4 5 6
Never Very often

Please go on to the next page

CSQ – R

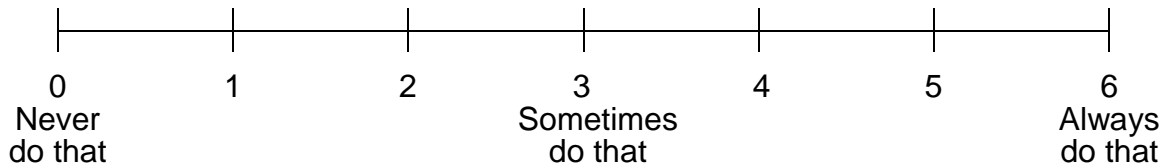
Individuals who experience pain have developed a number of ways to cope, or deal with their pain. These include saying things to themselves when they experience pain, or engaging in different activities. Below is a list of things that people have reported doing when they feel pain. For each activity, I want you to indicate, using the scale below, how much you engage in that activity when you feel pain, where a 0 indicates you never do that when you are experiencing pain, a 3 indicates you sometimes do that when you are experiencing pain, and a 6 indicates you always do that when you are experiencing pain. *Please write the numbers you choose in the blanks beside the activities.* Remember, you can use any point along the scale.



When I feel pain ...

- _____ 1. I try to feel distant from the pain, almost as if the pain was in somebody else's body.
- _____ 2. I try to think of something pleasant.
- _____ 3. It is terrible and I feel it's never going to get any better.
- _____ 4. I tell myself to be brave and carry on despite the pain.
- _____ 5. I tell myself that I can overcome the pain.
- _____ 6. It is awful and I feel that it overwhelms me.
- _____ 7. I feel my life isn't worth living.
- _____ 8. I pray to God it won't last long.
- _____ 9. I try not to think of it as my body, but rather as something separate from me.
- _____ 10. I don't think about the pain.
- _____ 11. I tell myself I can't let the pain stand in the way of what I have to do.

Please go on to the next page



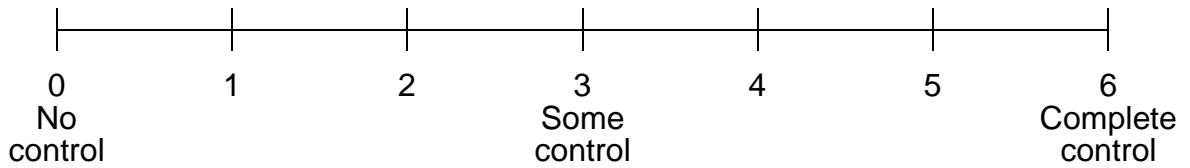
When I feel pain ...

- _____ 12. I don't pay any attention to the pain.
- _____ 13. I pretend it's not there.
- _____ 14. I worry all the time about whether it will end.
- _____ 15. I replay in my mind pleasant experiences in the past.
- _____ 16. I think of people I enjoy doing things with.
- _____ 17. I pray for the pain to stop.
- _____ 18. I imagine that the pain is outside of my body.
- _____ 19. I just go on as if nothing happened.
- _____ 20. Although it hurts, I just keep on going.
- _____ 21. I feel I can't stand it anymore.
- _____ 22. I ignore it.
- _____ 23. I rely on my faith in God.
- _____ 24. I feel like I can't go on.
- _____ 25. I think of things I enjoy doing.
- _____ 26. I do something I enjoy, such as watching TV or listening to music.
- _____ 27. I pretend it's not a part of me.

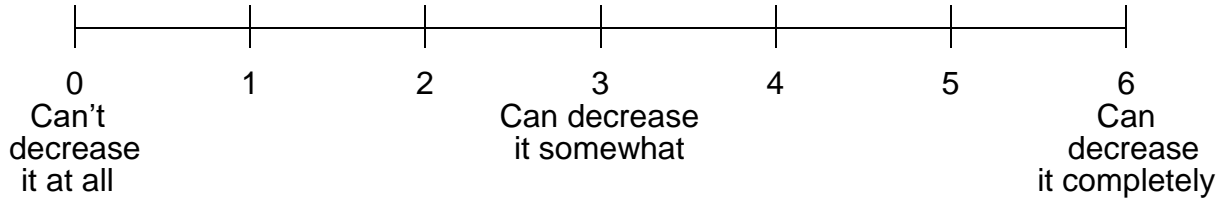
Please go on to the next page

CSQ-R

Based on all the things you do to cope, or deal with your pain, on an average day, how much control do you feel you have over it? Please circle the appropriate number. Remember, you can circle any number along the scale.



Based on all the things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Please circle the appropriate number. Remember, you can circle any number along the scale.



Please go on to the next page

CPAQ

Directions: Below you will find a list of statements. Please rate the truth of each statement as it applies to you by circling a number. Use the following rating scale to make your choices. For instance if you believe the statement is "Always True," you would circle the 6 next to that statement.

0 Never True	1 Very Rarely True	2 Seldom True	3 Sometimes True	4 Often True	5 Almost Always True	6 Always True
--------------------	-----------------------------	---------------------	------------------------	--------------------	-------------------------------	---------------------

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. I am getting on with the business of living no matter what my level of pain is. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. My life is going well, even though I have chronic pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. It's O.K. to experience pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I would gladly sacrifice important things in my life to control this pain better. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. It's not necessary for me to control my pain in order to handle my life well. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Although things have changed, I am living a normal life despite my chronic pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I need to concentrate on getting rid of my pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. There are many activities I do when I feel pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I lead a full life even though I have chronic pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Controlling pain is less important than other goals in my life. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Please go on to the next page

CPAQ

0 Never True	1 Very Rarely True	2 Seldom True	3 Sometimes True	4 Often True	5 Almost Always True	6 Always True
--------------------	-----------------------------	---------------------	------------------------	--------------------	-------------------------------	---------------------

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11. My thoughts and feelings about pain must change before I can take important steps in my life. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Despite the pain, I am now sticking to a certain course in my life. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Keeping my pain level under control takes first priority whenever I am doing something. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Before I can make any serious plans, I have to get some control over my pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. When my pain increases, I can still take care of my responsibilities. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. I will have better control over my pain if I can control my negative thoughts about pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. I avoid putting myself in situations where pain might increase. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. My worries and fears about what pain will do to me are true. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. It's a relief to realize that I don't have to change my pain to get on with my life. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. I have to struggle to do things when I have pain. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Please go on to the next page

PIPS-12

Below you will find a list of statements. Please rate how true each statement is for you right now by circling a number next to it.

1 Never True	2 Very Rarely True	3 Seldom True	4 Sometimes True	5 Often True	6 Almost Always True	7 Always True
--------------------	-----------------------------	---------------------	------------------------	--------------------	-------------------------------	---------------------

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. I cancel planned activities when I am in pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I say things like “I don’t have any energy,”
“I am not well enough,” “I don’t have time,”
“I don’t dare,” “I have too much pain,”
“I feel too bad,” or “I don’t feel like it.” | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I need to understand what is wrong in order to
move on. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Because of my pain, I no longer plan
for the future. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I avoid doing things when there is a risk it will
hurt or make things worse. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. It is important to understand what causes
my pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I don’t do things that are important to me to
avoid pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I postpone things because of my pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I would do almost anything to get rid of my pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. It’s not me that controls my life, it’s my pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. I avoid planning activities because of my pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. It is important that I learn to control my pain. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please go on to the next page

PSOCQ

This questionnaire has been designed to help us better understand the way you view your pain problem. Each statement describes how you *may* feel about this particular problem. Please indicate the extent to which you tend to agree or disagree with each statement. In each example, please make your choice based on how you feel right now, not how you have felt in the past or how you would like to feel.

Using the following rating scale please circle the response that best describes how much you agree or disagree with each statement.

1 Strongly Disagree	2 Disagree	3 Undecided or Unsure	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------------------------	------------	------------------------

- | | | | | | |
|---|---|---|---|---|---|
| 1. I have been thinking that the way I cope with pain could improve. | 1 | 2 | 3 | 4 | 5 |
| 2. I am developing new ways to cope with my pain. | 1 | 2 | 3 | 4 | 5 |
| 3. I have learned some good ways to keep my pain problem from interfering with my life. | 1 | 2 | 3 | 4 | 5 |
| 4. When my pain flares up, I find myself automatically using coping strategies that have worked in the past, such as a relaxation exercise or mental distraction technique. | 1 | 2 | 3 | 4 | 5 |
| 5. I am using some strategies that help me better deal with my pain problem on a day to day basis. | 1 | 2 | 3 | 4 | 5 |
| 6. I have started to come up with strategies to help myself control my pain. | 1 | 2 | 3 | 4 | 5 |
| 7. I have recently realized that there is no medical cure for my pain condition, so I want to learn some ways to cope with it. | 1 | 2 | 3 | 4 | 5 |
| 8. Even if my pain doesn't go away, I am ready to start changing how I deal with it. | 1 | 2 | 3 | 4 | 5 |

Please go on to the next page

PSOCQ

1 Strongly Disagree	2 Disagree	3 Undecided or Unsure	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------------------------	------------	------------------------

- | | | | | | |
|--|---|---|---|---|---|
| 9. I realize now that it is time for me to come up with a better plan to cope with my pain problem. | 1 | 2 | 3 | 4 | 5 |
| 10. I use what I have learned to help keep my pain under control. | 1 | 2 | 3 | 4 | 5 |
| 11. I have tried everything that people have recommended to manage my pain and nothing helps. | 1 | 2 | 3 | 4 | 5 |
| 12. My pain is a medical problem and I should be dealing with physicians about it. | 1 | 2 | 3 | 4 | 5 |
| 13. I am currently using some suggestions people have made about how to live with my pain problem. | 1 | 2 | 3 | 4 | 5 |
| 14. I am beginning to wonder if I need to get some help to develop skills for dealing with my pain. | 1 | 2 | 3 | 4 | 5 |
| 15. I have recently figured out that it's up to me to deal better with my pain. | 1 | 2 | 3 | 4 | 5 |
| 16. Everybody I speak with tells me that I have to learn to live with my pain, but I don't see why I should have to. | 1 | 2 | 3 | 4 | 5 |
| 17. I have incorporated strategies for dealing with my pain into my everyday life. | 1 | 2 | 3 | 4 | 5 |
| 18. I have made a lot of progress in coping with my pain. | 1 | 2 | 3 | 4 | 5 |
| 19. I have recently come to the conclusion that it's time for me to change how I cope with my pain. | 1 | 2 | 3 | 4 | 5 |

Please go on to the next page

PSOCQ

1 Strongly Disagree	2 Disagree	3 Undecided or Unsure	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------------------------	------------	------------------------

- | | | | | | |
|--|---|---|---|---|---|
| 20. I'm getting help learning some strategies for coping better with my pain. | 1 | 2 | 3 | 4 | 5 |
| 21. I'm starting to wonder whether it's up to me to manage my pain rather than relying on physicians. | 1 | 2 | 3 | 4 | 5 |
| 22. I still think despite what doctors tell me, there must be some surgical procedure or medication that would get rid of my pain. | 1 | 2 | 3 | 4 | 5 |
| 23. I have been thinking that doctors can only help so much in managing my pain and that the rest is up to me. | 1 | 2 | 3 | 4 | 5 |
| 24. The best thing I can do is find a doctor who can figure out how to get rid of my pain once and for all. | 1 | 2 | 3 | 4 | 5 |
| 25. Why can't someone just do something to take away my pain? | 1 | 2 | 3 | 4 | 5 |
| 26. I am learning to help myself control my pain without doctors. | 1 | 2 | 3 | 4 | 5 |
| 27. I am testing out some coping skills to manage my pain better. | 1 | 2 | 3 | 4 | 5 |
| 28. I have been wondering if there is something I could do to manage my pain better. | 1 | 2 | 3 | 4 | 5 |
| 29. All of this talk about how to cope better is a waste of my time. | 1 | 2 | 3 | 4 | 5 |
| 30. I am learning ways to control my pain other than with medications or surgery. | 1 | 2 | 3 | 4 | 5 |

Please go on to the next page

PSEQ

M. K. Nicholas, 1989

Please rate how **confident** you are that you can do the following things at present, **despite the pain**. To indicate your answer circle **one** of the numbers on the scale under each item, where 0 = not at all confident and 6 = completely confident.

0 1 2 3 4 5 6
Not at all Completely
Confident Confident

Remember, this questionnaire is **not** asking whether or not you have been doing these things, but rather **how confident you are that you can do them at present, despite the pain**.

1. I can enjoy things, despite the pain.

0 1 2 3 4 5 6
Not at all Completely
Confident Confident

2. I can do most of the household chores (e.g., tidying up, washing dishes, etc.), despite the pain.

0 1 2 3 4 5 6
Not at all Completely
Confident Confident

3. I can socialize with my friends or family members as often as I used to do, despite the pain.

0 1 2 3 4 5 6
Not at all Completely
Confident Confident

4. I can cope with my pain in most situations.

0 1 2 3 4 5 6
Not at all Completely
Confident Confident

5. I can do some form of work, despite the pain (“work” includes housework, paid and unpaid work).

0 1 2 3 4 5 6
Not at all Completely
Confident Confident

Please go on to the next page

PSEQ

- 6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.**

0 1 2 3 4 5 6 .
Not at all Completely
Confident Confident

- 7. I can cope with my pain without medication.**

0 1 2 3 4 5 6 .
Not at all Completely
Confident Confident

- 8. I can still accomplish most of my goals in life, despite the pain.**

0 1 2 3 4 5 6 .
Not at all Completely
Confident Confident

- 9. I can live a normal lifestyle, despite the pain.**

0 1 2 3 4 5 6 .
Not at all Completely
Confident Confident

- 10. I can gradually become more active, despite the pain.**

0 1 2 3 4 5 6 .
Not at all Completely
Confident Confident

Please go on to the next page

CRPP

INSTRUCTIONS:

Please circle the number before each statement that best expresses how much you agree or disagree with that statement.

There are no correct answers. We want to understand your own experiences and reactions to pain.

Strongly agree	Moderately agree	Slightly agree	Slightly disagree	Moderately disagree	Strongly disagree	
1	2	3	4	5	6	1. Learning to pace myself can help with my pain.
1	2	3	4	5	6	2. It seems that I have never really been thoroughly examined for my pain.
1	2	3	4	5	6	3. I feel very discouraged about my pain problem.
1	2	3	4	5	6	4. I'm afraid my pain is here to stay.
1	2	3	4	5	6	5. I expect to be free of pain at the end of my treatment.
1	2	3	4	5	6	6. My family is very understanding and helpful with my pain problem.
1	2	3	4	5	6	7. No matter what I try to do, my pain always stays the same.
1	2	3	4	5	6	8. Feeling angry can increase my pain.
1	2	3	4	5	6	9. I am satisfied with the medical care I have received so far.
1	2	3	4	5	6	10. Pain can put me in a bad mood.
1	2	3	4	5	6	11. Because others cannot see pain, they often do not understand how much I hurt.
1	2	3	4	5	6	12. I may have to sue to get what is due me.
1	2	3	4	5	6	13. Right now I am unable to do any kind of work, or most other normal activity.
1	2	3	4	5	6	14. I fear that I could become paralyzed or confined to a wheelchair.
1	2	3	4	5	6	15. Exercise can help me manage my pain.
1	2	3	4	5	6	16. My life should be pain free.
1	2	3	4	5	6	17. I do not deserve to have all this pain.
1	2	3	4	5	6	18. I expect my pain will just get worse and worse.

Please go on to the next page

Strongly agree	Moderately agree	Slightly agree	Slightly disagree	Moderately disagree	Strongly disagree	
1	2	3	4	5	6	19. Worry can increase the pain I feel.
1	2	3	4	5	6	20. Talking with a counselor might help me deal with my pain.
1	2	3	4	5	6	21. I get bored because pain keeps me from doing what I would like to do.
1	2	3	4	5	6	22. Maybe I can learn to cope better, even if my pain does not go away.
1	2	3	4	5	6	23. My pain was caused by someone else's neglect or carelessness.
1	2	3	4	5	6	24. Doctors should do more to help with my pain.
1	2	3	4	5	6	25. My attitude and the way I think are an important part of how to manage my pain.
1	2	3	4	5	6	26. I have no choice but to support myself with a disability pension.
1	2	3	4	5	6	27. Learning relaxation and stress-management skills could help me better manage my pain.
1	2	3	4	5	6	28. I believe more medical tests are needed to find out what is really causing my pain.
1	2	3	4	5	6	29. No one should have to suffer such lasting pain as mine.
1	2	3	4	5	6	30. When I see people who are pain free, I resent all my discomfort.
1	2	3	4	5	6	31. Stress in my life can make my pain feel worse.
1	2	3	4	5	6	32. I am afraid pain will keep me from ever returning to work (or other normal activity).
1	2	3	4	5	6	33. My pain problem puts a lot of pressure on my family.
1	2	3	4	5	6	34. Pain can make me feel depressed.
1	2	3	4	5	6	35. A pain problem is worse than any other kind of problem.
1	2	3	4	5	6	36. My pain could be completely cured if only a doctor could find my real problem.
1	2	3	4	5	6	37. I could use more help than I have been getting from my friends.
1	2	3	4	5	6	38. Almost everything I try to do makes my pain worse.
1	2	3	4	5	6	39. The insurance providers I have had to deal with can be very aggravating.
1	2	3	4	5	6	40. There must be a medicine that can control my pain.
1	2	3	4	5	6	41. No one seems to understand what I go through in living every day with pain.

Please go on to the next page

Strongly agree			Strongly disagree			
1	2	3	4	5	6	
1	2	3	4	5	6	42. I certainly have a right to disability benefits, after all the pain I have had.
1	2	3	4	5	6	43. Doctors just don't take my pain seriously enough
1	2	3	4	5	6	44. I will gradually have to become more physically active in order to get better.
1	2	3	4	5	6	45. It is unfair for me to have to suffer so much pain.
1	2	3	4	5	6	46. I believe someday a cure will be found for my pain condition.
1	2	3	4	5	6	47. I should receive financial compensation for my pain and suffering.
1	2	3	4	5	6	48. If only certain people had listened to me more carefully, I would not have all this pain.
1	2	3	4	5	6	49. This pain often leaves me feeling frustrated and angry.
1	2	3	4	5	6	50. My pain makes me worry about the future.
1	2	3	4	5	6	51. I should not have to work with this much pain.
1	2	3	4	5	6	52. I believe my pain problem is quite rare.
1	2	3	4	5	6	53. No matter how much I feel emotionally, my pain stays the same.

Please go on to the next page

PCS

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0	1	2	3	4
Not at all	To a slight degree	To a moderate degree	To a great degree	All the time

When I'm in pain ...

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

Please go on to the next page

TSK

Instructions: Using the following scale, please indicate the degree to which you agree or disagree with each of the statements listed below.

1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
-------------------------------	----------------------	-------------------	----------------------------

- | | | | | |
|---|---|---|---|---|
| 1. I'm afraid I might injure myself if I exercise. | 1 | 2 | 3 | 4 |
| 2. If I were to try to overcome it, my pain would increase. | 1 | 2 | 3 | 4 |
| 3. My body is telling me I have something dangerously wrong. | 1 | 2 | 3 | 4 |
| 4. My pain would probably be relieved if I were to exercise. | 1 | 2 | 3 | 4 |
| 5. People aren't taking my medical condition seriously enough. | 1 | 2 | 3 | 4 |
| 6. My accident has put my body at risk for the rest of my life. | 1 | 2 | 3 | 4 |
| 7. Pain always means I have injured my body. | 1 | 2 | 3 | 4 |
| 8. Just because something aggravates my pain does not mean it's dangerous. | 1 | 2 | 3 | 4 |
| 9. I'm afraid that I might injure myself accidentally. | 1 | 2 | 3 | 4 |
| 10. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening. | 1 | 2 | 3 | 4 |
| 11. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body. | 1 | 2 | 3 | 4 |

Please go on to the next page

TSK

1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
-------------------------------	----------------------	-------------------	----------------------------

- | | | | | |
|---|---|---|---|---|
| 12. Although my condition is painful, I would be better off if I were physically active. | 1 | 2 | 3 | 4 |
| 13. Pain lets me know when to stop exercising so that I don't injure myself. | 1 | 2 | 3 | 4 |
| 14. It's really not safe for a person with a condition like me to be physically active. | 1 | 2 | 3 | 4 |
| 15. I can't do all the things normal people do because it's too easy for me to get injured. | 1 | 2 | 3 | 4 |
| 16. Even though something is causing a lot of pain, I don't think it's actually dangerous. | 1 | 2 | 3 | 4 |
| 17. No one should exercise when he/she is in pain. | 1 | 2 | 3 | 4 |

Please go on to the next page

SOAPP-R

© 2007 Inflexion
Used with Permission.

The following are some questions given to patients who are on or being considered for medication for their pain. Please answer each question as honestly as possible. There are no right or wrong answers.

Use the following rating scale to make your choices:

0 Never	1 Seldom	2 Sometimes	3 Often	4 Very Often
------------	-------------	----------------	------------	-----------------

- | | | | | | |
|--|---|---|---|---|---|
| 1. How often do you have mood swings? | 0 | 1 | 2 | 3 | 4 |
| 2. How often have you felt a need for higher doses of medication to treat your pain? | 0 | 1 | 2 | 3 | 4 |
| 3. How often have you felt impatient with your doctors? | 0 | 1 | 2 | 3 | 4 |
| 4. How often have you felt that things are just too overwhelming that you can't handle them? | 0 | 1 | 2 | 3 | 4 |
| 5. How often is there tension in the home? | 0 | 1 | 2 | 3 | 4 |
| 6. How often have you counted pain pills to see how many are remaining? | 0 | 1 | 2 | 3 | 4 |
| 7. How often have you been concerned that people will judge you for taking pain medication? | 0 | 1 | 2 | 3 | 4 |
| 8. How often do you feel bored? | 0 | 1 | 2 | 3 | 4 |
| 9. How often have you taken more pain medication than you were supposed to? | 0 | 1 | 2 | 3 | 4 |
| 10. How often have you worried about being left alone? | 0 | 1 | 2 | 3 | 4 |

3

Please go on to the next page

SOAPP-R

0 Never	1 Seldom	2 Sometimes	3 Often	4 Very Often	
11. How often have you felt a craving for medication?	0	1	2	3	4
12. How often have others expressed concern over your use of medication?	0	1	2	3	4
13. How often have any of your close friends had a problem with alcohol or drugs?	0	1	2	3	4
14. How often have others told you that you had a bad temper?	0	1	2	3	4
15. How often have you felt consumed by the need to get pain medication?	0	1	2	3	4
16. How often have you run out of pain medication early?	0	1	2	3	4
17. How often have others kept you from getting what you deserve?	0	1	2	3	4
18. How often, in your lifetime, have you had legal problems or been arrested?	0	1	2	3	4
19. How often have you attended an AA or NA meeting?	0	1	2	3	4
20. How often have you been in an argument that was so out of control that someone got hurt?	0	1	2	3	4
21. How often have you been sexually abused?	0	1	2	3	4
22. How often have others suggested that you have a drug or alcohol problem?	0	1	2	3	4

Please go on to the next page

SOAPP-R

0 Never	1 Seldom	2 Sometimes	3 Often	4 Very Often
------------	-------------	----------------	------------	-----------------

23. How often have you had to borrow pain medications from your family or friends? 0 1 2 3 4

24. How often have you been treated for an alcohol or drug problem? 0 1 2 3 4

Please include any additional information you wish about the above answers.

Please go on to the next page

PSPS

© 2004 Nicole Tang and Paul Salkovskis
Used with permission.

This questionnaire is about how you felt **DURING A RECENT EPISODE OF INTENSE PAIN.**

In the following, you will find a number of statements that describe thoughts and feelings that people sometimes experience at a time when they are in intense pain. Please rate the extent to which these statements applied to your experience **DURING THE EPISODE OF INTENSE PAIN** by circling the appropriate number. There are no right or wrong answers to these questions. Please remember that this questionnaire is about how you felt and thought **AT THE TIME OF THE INTENSE PAIN EPISODE.**

Can you recall such a pain episode?

1. *How long ago was the pain episode?* _____ ago
2. *Where was the pain?* _____
3. *What caused the pain?* _____
4. *For how long did the pain episode last?* _____ months/weeks/days/hours/minutes

Use the following rating scale to make your choices:

0 Not at all/Never	1 Very Little	2 Moderately	3 Strongly	4 Very Strongly
-----------------------	------------------	-----------------	---------------	--------------------

- | | | | | | |
|--|---|---|---|---|---|
| 1. I felt defeated by life. | 0 | 1 | 2 | 3 | 4 |
| 2. I felt that I had lost my standing in the world. | 0 | 1 | 2 | 3 | 4 |
| 3. I felt that life had treated me like a punch bag. | 0 | 1 | 2 | 3 | 4 |
| 4. I felt powerless. | 0 | 1 | 2 | 3 | 4 |
| 5. I felt that my confidence had been knocked out of me. | 0 | 1 | 2 | 3 | 4 |
| 6. I didn't feel able to deal with things that life threw at me. | 0 | 1 | 2 | 3 | 4 |
| 7. I felt that I had sunk to the bottom of the ladder. | 0 | 1 | 2 | 3 | 4 |
| 8. I felt completely knocked out of action. | 0 | 1 | 2 | 3 | 4 |

Please go on to the next page

PSPS

0 Not at all/Never	1 Very Little	2 Moderately	3 Strongly	4 Very Strongly
-----------------------	------------------	-----------------	---------------	--------------------

9. I felt that I was one of life's losers.	0	1	2	3	4
10. I felt that I had given up.	0	1	2	3	4
11. I felt down and out.	0	1	2	3	4
12. I felt I had lost important battles in life.	0	1	2	3	4
13. I felt there was no fight left in me.	0	1	2	3	4
14. I felt I was losing my willpower.	0	1	2	3	4
15. I didn't care what happened to me anymore.	0	1	2	3	4
16. I felt defeated.	0	1	2	3	4
17. I felt less like a human being.	0	1	2	3	4
18. In my mind, I gave up.	0	1	2	3	4
19. I felt destroyed as a person.	0	1	2	3	4
20. I felt like I wanted to die.	0	1	2	3	4
21. I felt like I was losing my inner resistance.	0	1	2	3	4
22. I felt like an object.	0	1	2	3	4
23. I felt completely at the mercy of what was happening to me.	0	1	2	3	4
24. I felt humiliated and that I was losing my sense of inner dignity.	0	1	2	3	4

Please go on to the next page

HADS

(Montana Spine and Pain Center Version)

Instructions: Healthcare professionals are aware that emotions play an important part in most illnesses. If we know about these feelings we will be able to help you more.

This questionnaire is designed to help us to know how you feel. Read each item and check the box next to the reply which comes closest to how you have been feeling in the past week.

Do not take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought out response.

1. I feel tense or "wound up:"
 - Most of the time
 - A lot of the time
 - From time to time, occasionally
 - Not at all

2. I still enjoy the things I used to enjoy:
 - Definitely as much
 - Not quite so much
 - Only a little
 - Hardly at all

3. I get a sort of frightened feeling as if something awful is about to happen:
 - Very definitely and quite badly
 - Yes, but not too badly
 - A little, but it does not worry me
 - Not at all

4. I can laugh and see the funny side of things:
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all

5. Worrying thoughts go through my mind:
 - A great deal of the time
 - A lot of the time
 - From time to time but not too often
 - Only occasionally

Please go on to the next page

HADS

6. I feel cheerful:
- Not at all
 - Not often
 - Sometimes
 - Most of the time
7. I can sit at ease and feel relaxed:
- Definitely
 - Usually
 - Not often
 - Not at all
8. I feel as if I am slowed down:
- Nearly all the time
 - Very often
 - Sometimes
 - Not at all
9. I get a sort of frightened feeling like "butterflies" in the stomach:
- Not at all
 - Occasionally
 - Quite often
 - Very often
10. I have lost interest in my appearance:
- Definitely
 - I don't take so much care as I should
 - I may not take quite as much care
 - I take just as much care as ever
11. I feel restless as if I have been on the move:
- Very much indeed
 - Quite a lot
 - Not very much
 - Not at all
12. I look forward with enjoyment to things:
- As much as ever I did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all

Please go on to the next page

HADS

13. I get some feelings of panic:

- Very often indeed
- Quite often
- Not very often
- Not at all

15. I can enjoy a good book or radio or TV program:

- Often
- Sometimes
- Not often
- Very seldom

MPQ – SF

In each row below, please decide if the word in the column on the left describes your pain in the present moment and, if it does, please check the box that best describes its present intensity.

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Throbbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cramping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gnawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot-Burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiring-Exhausting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punishing-Cruel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go on to the next page

PTIQ

We would like to know how much pain impacts different aspects of your life. The items on this form are based on information provided by patients with chronic pain about areas of life that are important to them and which they hope will improve as a result of receiving treatment for pain. Your responses to this form will help us to understand the ways in which pain interferes in your life and will help us to determine if the treatments we provide are helping to improve your quality of life.

Please indicate the extent to which **pain** has had a negative impact, if any, on your life **during the past week** in each of the areas in the listed below. If you take prescribed pain medication please think about your answers in terms of when you are taking your pain medication as currently prescribed. If an item does not apply to you please circle the N/A response option.

		No Negative Impact									Extreme Negative Impact		
		1	2	3	4	5	6	7	8	9	10		
1. Falling asleep at night	N/A	1	2	3	4	5	6	7	8	9	10		
2. Staying asleep that night	N/A	1	2	3	4	5	6	7	8	9	10		
3. Sex life	N/A	1	2	3	4	5	6	7	8	9	10		
4. Taking care of family such as children, spouses, parents or other relatives	N/A	1	2	3	4	5	6	7	8	9	10		
5. Relations with family, relatives or significant others	N/A	1	2	3	4	5	6	7	8	9	10		
6. Relations with friends	N/A	1	2	3	4	5	6	7	8	9	10		
7. Employment	N/A	1	2	3	4	5	6	7	8	9	10		
8. Household activities (cleaning, cooking, running errands)	N/A	1	2	3	4	5	6	7	8	9	10		
9. Planning activities	N/A	1	2	3	4	5	6	7	8	9	10		
10. Participating in family events/activities	N/A	1	2	3	4	5	6	7	8	9	10		
11. Participating in recreational and social activities	N/A	1	2	3	4	5	6	7	8	9	10		
12. Physical activities (walking, climbing stairs, bending, squatting, lifting)	N/A	1	2	3	4	5	6	7	8	9	10		
13. Hobbies	N/A	1	2	3	4	5	6	7	8	9	10		
14. Enjoyment of life	N/A	1	2	3	4	5	6	7	8	9	10		
15. Emotional well being (feeling sad, depressed, less motivated)	N/A	1	2	3	4	5	6	7	8	9	10		
16. Fatigue, feeling tired	N/A	1	2	3	4	5	6	7	8	9	10		
17. Weakness, lack of strength	N/A	1	2	3	4	5	6	7	8	9	10		
18. Difficulty concentrating	N/A	1	2	3	4	5	6	7	8	9	10		
19. Difficulty remembering things	N/A	1	2	3	4	5	6	7	8	9	10		

Please go on to the next page

DS14

Below are a number of statements that people often use to describe themselves. Please read each statement and then **circle** the appropriate **number** next to that statement to indicate your answer. There are no right or wrong answers: Your impression is the only thing that matters.

0= false	1-rather false	2= neutral	3= rather true	4= true	
1. I make contact easily when I meet people.....	0	1	2	3	4
2. I often make a fuss about unimportant things.....	0	1	2	3	4
3. I often talk to strangers.....	0	1	2	3	4
4. I often feel unhappy.....	0	1	2	3	4
5. I am often irritated.....	0	1	2	3	4
6. I often feel inhibited in social interactions.....	0	1	2	3	4
7. I take a gloomy view of things.....	0	1	2	3	4
8. I find it hard to start a conversation.....	0	1	2	3	4
9. I am often in a bad mood.....	0	1	2	3	4
10. I am a closed kind of person.....	0	1	2	3	4
11. I would rather keep other people at a distance.....	0	1	2	3	4
12. I often find myself worrying about something.....	0	1	2	3	4
13. I am often down in the dumps.....	0	1	2	3	4
14. When socializing, I do not find the right things to talk about...	0	1	2	3	4

Please go on to the next page

For Office Use Only

MPI V2

If unscorable/invalid check this box

		T Score	WNL	SAA	SWAA	SWBA	SBA
<input type="checkbox"/> D	PS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ID	I	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AC	LC	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> H	AD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A	S	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GA	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CSQ-R

If unscorable/invalid check this box

	Raw Score	Factor Score	Mean	SD	L	WNL	H
Distraction	_____	_____	11.67	5.76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catastrophizing	_____	_____	11.95	6.80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ignoring Pain	_____	_____	8.31	5.52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distancing	_____	_____	3.88	4.71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Coping	_____	_____	12.49	4.07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Praying	_____	_____	10.04	5.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control Score: _____

Decrease Score: _____

CPAQ

If unscorable/invalid check this box

	Transformed Score	Mean	SD	L	WNL	H
AE Subscale	_____	30.0459	12.30346	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PW Subscale	_____	17.9755	10.12344	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	_____	48.0214	18.3215	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

PIPS-12

If unscorable/invalid check this box

	Scale Score	Mean	SD	L	WNL	H
Total:	_____	52.60	12.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EA Subscale:	_____	31.40	10.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CF Subscale:	_____	21.20	4.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Wicksell et al 2008 Research Data, N = 203

PSOCQ

If unscorable/invalid check this box

PC_____ C/P_____ A_____ M_____

PSEQ

If unscorable/invalid check this box

Total Score: _____ L WNL H

Note: Average score tends to be around 26 with average range 17 – 40 (Nicolas (2007))

CRPP

If unscorable/invalid check this box

	Score	-2SD	-1SD	Mean	+1SD	+2SD	WNL	H
PB	_____	2.2	3.3	4.4	5.5		<input type="checkbox"/>	<input type="checkbox"/>
MP	_____	1.0	2.1	3.2	4.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
PM	_____	0.2	1.2	2.2	3.2	4.1	<input type="checkbox"/>	<input type="checkbox"/>
POB	_____	0.9	1.9	2.9	4.0	5.0	<input type="checkbox"/>	<input type="checkbox"/>
AOS	_____	1.5	2.5	3.5	4.4	5.4	<input type="checkbox"/>	<input type="checkbox"/>
DE	_____	1.2	2.6	3.9	5.3		<input type="checkbox"/>	<input type="checkbox"/>
DMB	_____	1.8	2.8	3.8	4.7	5.7	<input type="checkbox"/>	<input type="checkbox"/>
SM	_____	1.3	2.4	3.4	4.4	5.4	<input type="checkbox"/>	<input type="checkbox"/>
CH	_____	2.3	3.3	4.3	5.3		<input type="checkbox"/>	<input type="checkbox"/>
Total	_____	2.5	3.0	3.5	4.0	4.5	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

PCS If unscorable/invalid check this box

	Raw Scale Score	Percentile Score	WNL	E
Total Score:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
R Subscale Score:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
M subscale Score:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
H subscale Score:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Note: Refer to percentile table and enter percentile score associated with scale scores in the Percentile Score column.

TSK If unscorable/invalid check this box

Total Score: _____ WNL E

Note: Cut off score is 37

SOAPP-R If unscorable/invalid check this box

Score _____ WNL E

Note: Cut off score is 18 or higher

PSPS If unscorable/invalid check this box WNL E

Total Score: _____	Mean	SD		
	31.30	28.00	N = 94	CP Patients
	32.10	26.40	N = 27	CP Patients
	17.90	20.60	N = 27	CP Non-Patients

Note: Tang et al 2007 Research Data

For Office Use Only

HADS

Raw Score

D: _____ L (≤ 6) M H (≥ 9)
A: _____ L (≤ 6) M H (≥ 9)
T: _____ L (D & A both ≤ 6) M H (D & A both ≥ 9)

Note: All items are scored 0-3, several items are reversed and this is managed in scoring program.

PTIQ

Highest Impact Domains: _____

PTIQ Total: _____ L WNL H

Note: Record Adjusted Fractional Score

DS14

NA: _____

SI: _____

Type D: No Yes (Both NA & SI ≥ 10)

Notes

