BARNES-JEWISH Hospital BJC HealthCare | Washington University in St. Louis Physicians

Pain Questionnaire

Name _____ Date ____/____/____

Age_____ Sex: ☐ Male ☐ Female Dominant Hand: ☐ Right ☐ Left Diagnosis _____

1. Pain is difficult to describe. Check the words that best describe your symptoms:

☐ Burning	☐ Throbbing	☐ Aching	☐ Stabbing	☐ Tingling	☐ Twisting	☐ Squeezing
☐ Cramping	☐ Cutting	☐ Shooting	☐ Numbing	☐ Vague	☐ Stinging	☐ Indescribable
☐ Pulling	☐ Smarting	☐ Pressure	☐ Coldness	☐ Dull	☐ Other_____	

LEVEL OF SYMPTOMS

Check to indicate the level of your pain, with zero being no pain and 10 the most severe pain you can imagine having.

2. Mark your average level of pain in the last month:

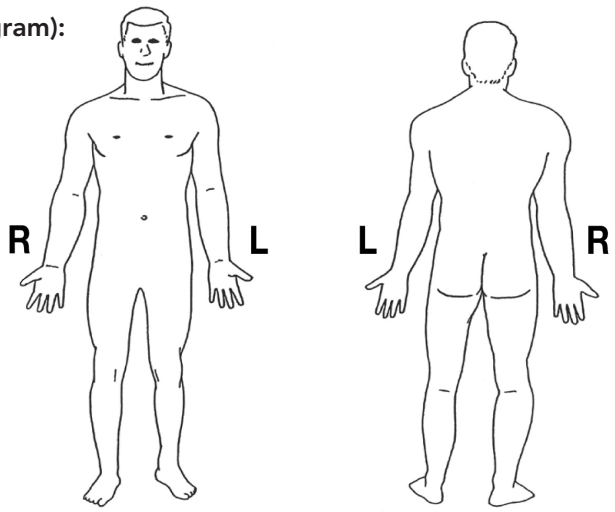
No Pain **Most Severe Pain**

3. Mark your worst level of pain in the last week:

Right **No Pain** **Most Severe Pain**

Left **No Pain** **Most Severe Pain**

4. Where is your pain? (Draw on diagram):



5. Mark on this scale how your pain has affected your quality of life:

0% (Not at All) **100% (A Large Amount)**

6. Mark on this scale how depressed you currently feel:

0% (Not at All) **100% (A Large Amount)**

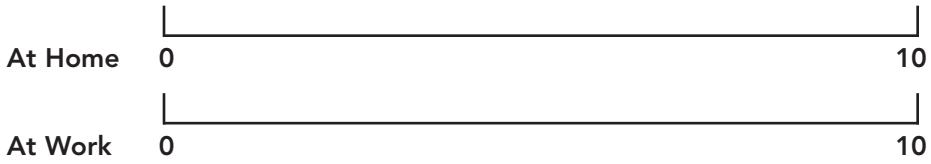
7. Mark on this scale how frustrated you currently feel:

0% (Not at All) **100% (A Large Amount)**

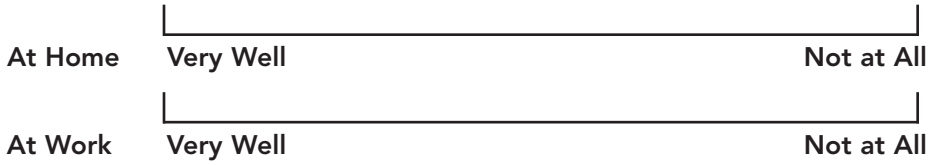
8. Mark on this scale how angry you currently feel:

0% (Not at All) **100% (A Large Amount)**

9. Mark your average level of stress in the last month:



10. How well are you able to cope with that stress:



11. How did the pain that you are now experiencing occur?

- ☐ a. Sudden onset with accident or definable event
- ☐ b. Slow progressive onset
- ☐ c. Slow progressive onset with acute exacerbation without an accident or definable event
- ☐ d. A sudden onset without an accident or definable event

12. How many surgical procedures have you had in order to try to eliminate the cause of your pain?

- ☐ a. None or one
- ☐ b. Two surgical procedures
- ☐ c. Three or four surgical procedures
- ☐ d. Greater than four surgical procedures

13. Does movement have any effect on your pain?

- ☐ a. The pain is always worsened by use or movement
- ☐ b. The pain is usually worsened by use and movement
- ☐ c. The pain is not altered by use and movement

14. Does weather have any effect on your pain?

- ☐ a. The pain is usually worse with damp or cold weather.
- ☐ b. The pain is occasionally worse with damp or cold weather.
- ☐ c. Damp or cold weather has no effect on the pain.

15. Do you ever have trouble falling asleep or awaken from sleep?

- ☐ a. No - ***Proceed to Question 13***
- ☐ b. Yes - ***Proceed to 12A & 12B***

15A. How often do you have trouble falling asleep?

- ☐ a. Trouble falling asleep every night due to pain
- ☐ b. Trouble falling asleep due to pain most nights of the week
- ☐ c. Occasionally having difficulty falling asleep due to pain
- ☐ d. No trouble falling asleep due to pain
- ☐ e. Trouble falling asleep which is not related to pain

15B. How often do you awaken from sleep?

- ☐ a. Awakened by pain every night
- ☐ b. Awakened from sleep by pain more than 3 times per week
- ☐ c. Not usually awakened from sleep by pain
- ☐ d. Restless sleep or early morning awakening with or without being able to return to sleep, both unrelated to pain

16. Has your pain affected your intimate personal relationships?

☐ a. No ☐ b. Yes

17. Are you involved in any legal action regarding your physical complaint?

☐ a. No ☐ b. Yes

18. Is this a Workers' Compensation case?

☐ a. No ☐ b. Yes

19. Are you presently receiving or have you ever received psychiatric/psychological treatment?

☐ a. No ☐ b. Presently receiving psychiatric treatment ☐ c. Previous psychiatric treatment

20. Have you ever thought of suicide?

☐ a. No ☐ b. Yes ☐ c. Previous suicide attempts

21. Are you a victim of emotional abuse?

☐ a. No ☐ b. Yes ☐ c. No comment

22. Are you a victim of physical abuse?

☐ a. No ☐ b. Yes ☐ c. No comment

23. Are you a victim of sexual abuse?

☐ a. No ☐ b. Yes ☐ c. No comment

24. Are you presently a victim of abuse?

☐ a. No ☐ b. Yes ☐ c. No comment

25. Are you currently: (Check all that apply)

Employed for wages	☐ No	☐ Yes
On medical leave	☐ No	☐ Yes
A homemaker	☐ No	☐ Yes
Self-employed	☐ No	☐ Yes
Student	☐ No	☐ Yes
Retired	☐ No	☐ Yes
Volunteer	☐ No	☐ Yes
None of the above	☐ No	☐ Yes

26. If you are still working, do you?

☐ a. Work every day at the same pre-pain job.

☐ b. Work every day but the job is not the same as the pre-pain job with reduced responsibility or physical activity.

☐ c. Work occasionally.

27. Are you able to do your household chores?

☐ a. Do same level of household activities without discomfort.

☐ b. Do same level of household chores with discomfort.

☐ c. Do a reduced amount of household chores.

☐ d. Most household chores are now performed by others.

28. What medications have you used in the past month?

☐ a. No medications

☐ b. List medications:_____

_____

_____

29. If you had three wishes for anything in the world, what would you wish for?

1._____

2._____

3._____

From: Hendler N, Viernstein M, Gucer P, Long D: A preoperative screening test for chronic back pain patients. Psychosomatics 1979;20:801-808.

Mackinnon SE & Dellon AL: Surgery of the Peripheral Nerve, Thieme Medical Publishers, 1988

Melzack R: The McGill pain questionnaire: major properties and scoring methods. Pain 1975;1:277-299.