Central West Specialists
Pain Specialist & Anaesthetist

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Chronic Pain Service Questionnaire

Please complete this form fully.

Patient Details

Name of the person completing the form: _____

Relationship of the person completing the form: _____

Title: Mr ☐ Mrs ☐ Ms ☐

Family Name: _____ Given Name(s): _____

Sex: M ☐ F ☐ Date of Birth: _____

Address: _____ Postcode: _____

Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____

Email: _____

Medicare Number: _____ Placement: _____ Expiry: _____

Private Health Fund: _____ Membership No: _____

Aboriginal of Torres Strait Islander Y ☐ N ☐ Country of Birth: _____

Sight or hearing impairment:
Y ☐ N ☐

Help required with written or spoken communication:
Y ☐ N ☐

Weight (in Kg): ☐
Height (in cm): ☐

Is there a current compensation case relating to your pain problem:

☐ Worker's Compensation
☐ Motor Vehicle
☐ Public Liability
☐ Other

If other, please specify:

Insurance Company:

Claim Number:

Case Manager:

GP Details (Name, address, phone and fax number):

Name:

Address:

Phone/Fax:

Rehabilitation Provider contact details (if workers compensation):

Other current treating professionals name and phone number.

Physio:

Psychologist:

Psychiatrist:

How did your main pain begin (if known):

- ☐ Injury at home
- ☐ Injury at work/school
- ☐ Injury in another setting
- ☐ After surgery
- ☐ Motor vehicle crash
- ☐ Related to cancer
- ☐ Related to another illness
- ☐ No obvious cause
- ☐ Other

How long has the main pain been present:

- ☐ Less than 3 months
- ☐ 3-12 months
- ☐ 12 months – 2 years
- ☐ 2-5 years
- ☐ > 5 years

Work status:

Actual number of paid/volunteer hours worked per week

- ☐ Fulltime employed/self employed
- ☐ Student
- ☐ Fulltime home duties
- ☐ Part time
- ☐ Unemployed
- ☐ Restricted duties
- ☐ Not working by choice
- ☐ Retired

Is your pain constant ☐ or intermittent ☐

Do you have periods of time when you are pain free or not bothered by pain Y ☐ N ☐

If yes, then what percentage of time are you not bothered by pain

0-20% ☐ 20-50% ☐ 50-80% ☐

Or

How much of your awake time are you not bothered by pain

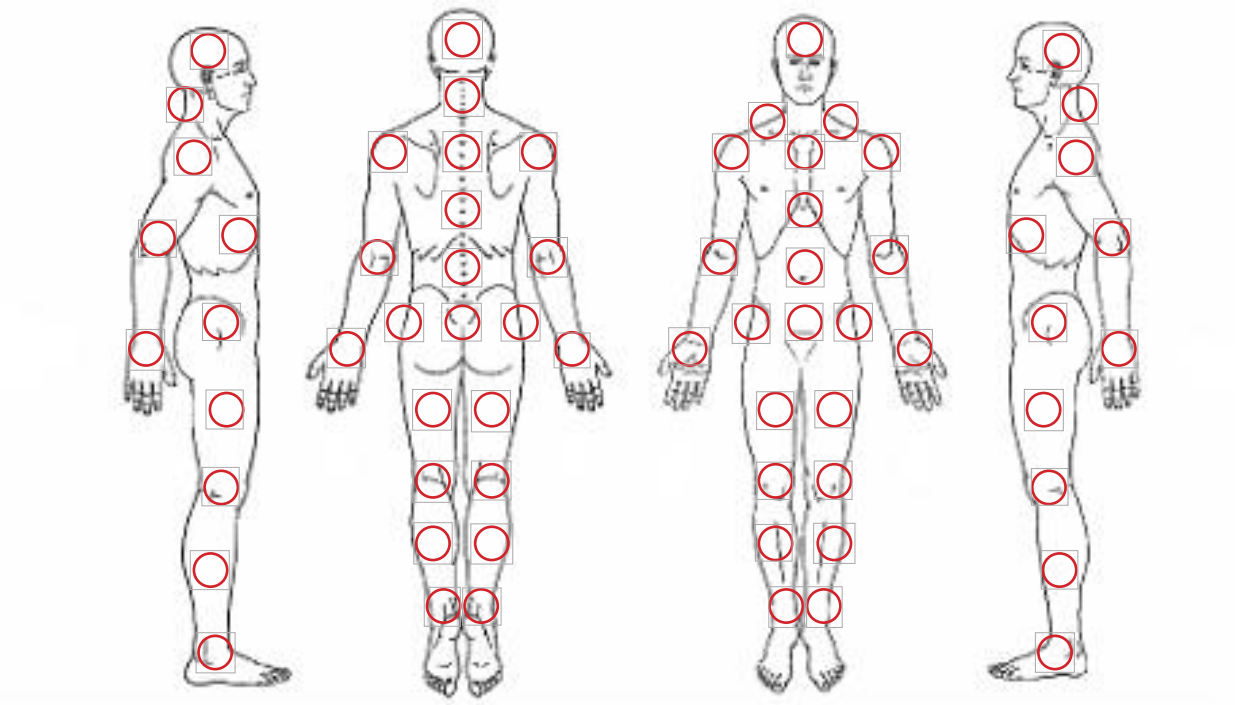
0-20% ☐ 20-50% ☐ 50-80% ☐

In the last three months how many times in regard to pain have you:	Number of times:
1. Seen a general practitioner?	
2. Seen medical specialists (e.g. surgeon)?	
3. Seen another health professional (e.g. physio, chiro, psychologist)?	
4. Visited a hospital emergency department in regard to pain?	
5. Been in hospital as an inpatient because of pain?	

List current pain medications: Doses:

Brief Pain Inventory

1. On the diagram, please select the areas you feel pain by clicking on the circles below.



Other

Please rate your pain by selecting the one number that best describes your pain where 0 = no pain and 10 = as bad as you can imagine.

	1	2	3	4	5	6	7	8	9	10
2. Pain at its worst in the last week	○	○	○	○	○	○	○	○	○	○
3. Pain at its least in the last week	○	○	○	○	○	○	○	○	○	○
4. Pain on average	○	○	○	○	○	○	○	○	○	○
5. Pain you have right now	○	○	○	○	○	○	○	○	○	○

6. Select the one number that describes how, during the past 24 hours, pain has interfered with the following where 0 = Does not interfer and 10 = Completely interfers.

	1	2	3	4	5	6	7	8	9	10
General Activity	○	○	○	○	○	○	○	○	○	○
Mood	○	○	○	○	○	○	○	○	○	○
Walking ability	○	○	○	○	○	○	○	○	○	○
Normal Work (includes both outside of the home and housework)	○	○	○	○	○	○	○	○	○	○
Relation with other people	○	○	○	○	○	○	○	○	○	○
Sleep	○	○	○	○	○	○	○	○	○	○
Enjoyment of life	○	○	○	○	○	○	○	○	○	○

DASS 21

Name: Date:

Please read each statement and select a number 0, 1, 2 or 3 that best indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

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

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

3 Applied to me very much, or most of the time

		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. excessively rapid breathing, breathlessness in the absence of 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 in the absence of 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	○	○	○	○

4. PCS
Sullivan MJL, Bishop S, Pivik J. (1995)

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

	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
I worry all the time about whether the pain will end	☐	☐	☐	☐	☐
I feel I can't go on	☐	☐	☐	☐	☐
It's terrible and I think it's never going to get any better	☐	☐	☐	☐	☐
It's awful and I feel that is overwhelms me	☐	☐	☐	☐	☐
I feel I can't stand it anymore	☐	☐	☐	☐	☐
I become afraid that the pain will get worse	☐	☐	☐	☐	☐
I keep thinking of other painful events	☐	☐	☐	☐	☐
I anxiously want the pain to go away	☐	☐	☐	☐	☐
I can't seem to get it out of my mind	☐	☐	☐	☐	☐
I keep thinking about how much it hurts	☐	☐	☐	☐	☐
I keep thinking about how badly I want the pain to stop	☐	☐	☐	☐	☐
There's nothing I can do to reduce the intensity of the pain	☐	☐	☐	☐	☐
I wonder whether something serious may happen	☐	☐	☐	☐	☐

PAIN S-E QUESTIONNAIRE (PSEQ)

M.K.Nicholas (1989)
Pain Management Centre
St. Thomas' Hospital, London

Name: Date:

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

For example:

0 1 2 3 4 5 6

Not at all confident — Completely 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.**

	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, etc.), despite the pain.	○	○	○	○	○	○	○
3. I can socialise with my friends or family members as often as I used to do, 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 work).	○	○	○	○	○	○	○
6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite 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.	○	○	○	○	○	○	○