Waitemata District Health Board
Te Wai Awhina

Pain Management Unit

SURNAME: ______________________ NHI ____________

FIRST NAMES: ______________________________

DATE OF BIRTH: ____/____/____ SEX____________

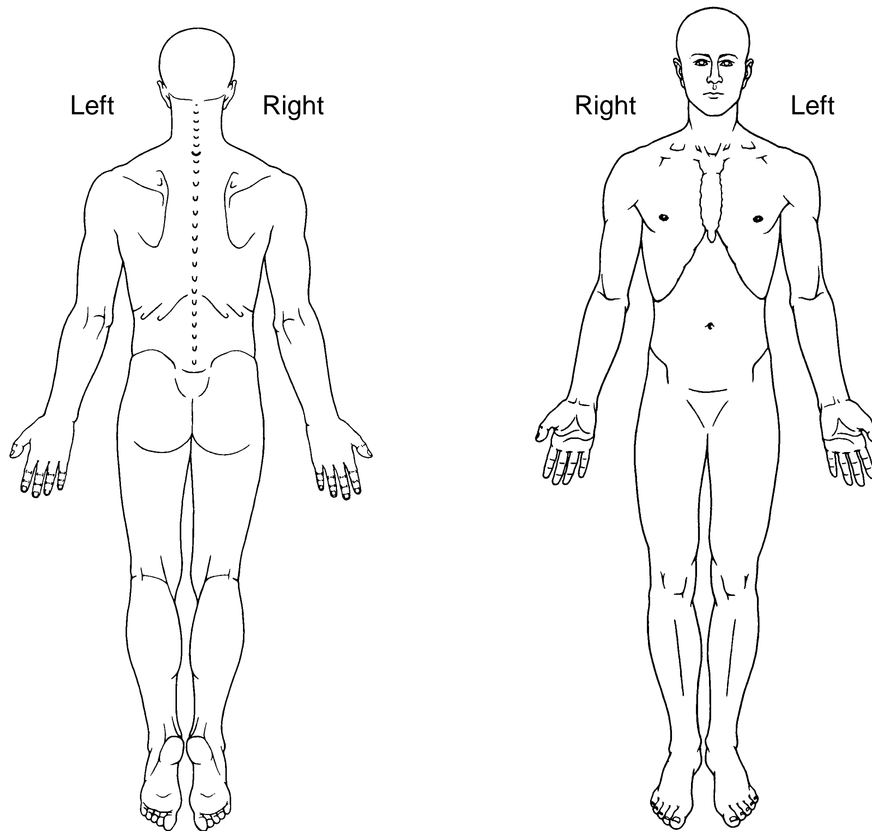
Please attach patient label here

NEW PATIENT PREASSESSMENT QUESTIONNAIRE

PAIN QUESTIONNAIRE

We would appreciate you taking some time to answer this questionnaire. It asks about your pain, and how your pain affects your life. These details will help us to better understand your needs and therefore we encourage you to fill it in as fully as possible.

1. Where is Your Pain?
On the diagram below please shade the areas where you experience pain.



2. How long have you had your pain?

____________________ (Years) ____________________ (Months)

3. How severe is your pain?
If zero (0) means "no pain" and ten (10) means "the worst pain you can imagine", what have been your levels of pain over the last week?

	No pain										Worst pain you can imagine
Lowest pain	0	1	2	3	4	5	6	7	8	9	10
Highest pain	0	1	2	3	4	5	6	7	8	9	10
Usual pain	0	1	2	3	4	5	6	7	8	9	10

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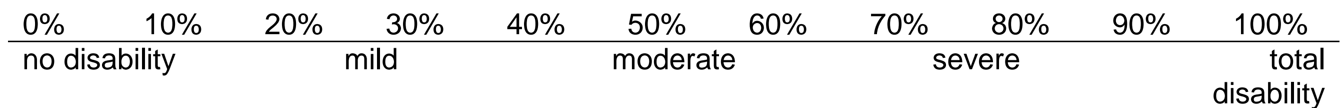
PAIN DISABILITY INDEX

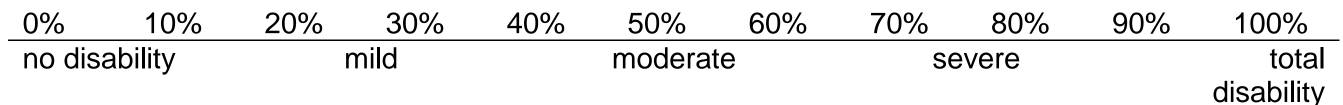
The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. Respond to each category by indicating the overall impact of your pain in your life, not just when the pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale which describes the level of disability you typically experience. A score of (0) means no disability at all, and a score of (10) signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

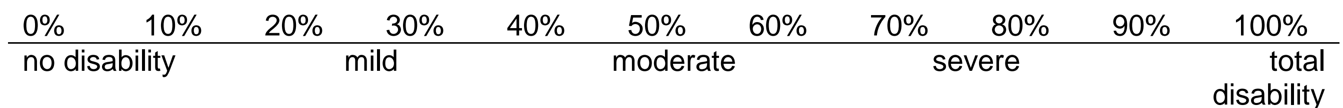
1. **Family/home responsibilities**
   This category refers to activities related to the home or family. It includes chores or duties performed around the house (e.g. gardening) and errands or favours for other family members (e.g. driving the children to school).



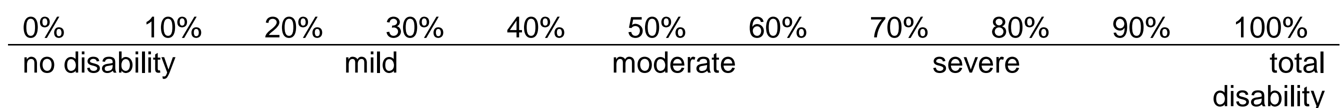
2. **Recreation**
   This category includes hobbies, sports, and other similar leisure time activities.



3. **Social Activity**
   This category refers to activities which involve participation with friends and acquaintances other than family members. It includes parties, theatre, concerts, dining out, and other social functions.



4. **Occupation**
   This category refers to activities that are a part of or directly related to one's job. This includes non-paying jobs as well, such as household duties or volunteer work.



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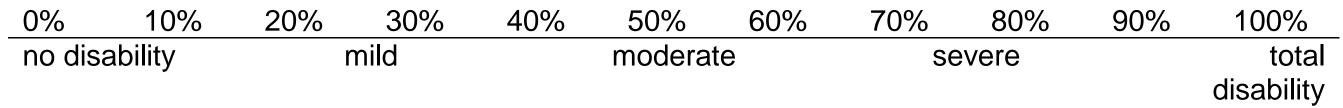
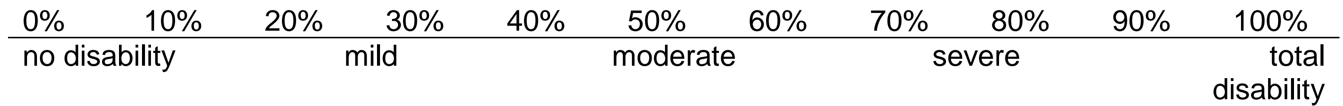
5. Sexual Behaviour

This category refers to the frequency and quality of one's sex life.



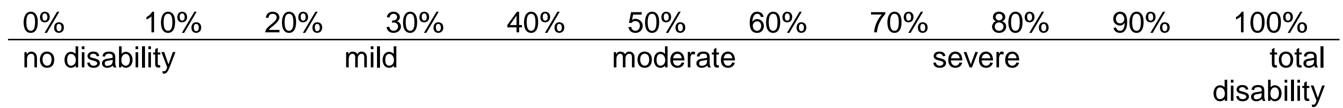
6. Self-care

This category includes activities which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed etc.)



7. Life-support activity

This category refers to basic life-supporting behaviours such as eating, sleeping, and breathing.



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DASS

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. 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

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

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NEW PATIENT PREASSESSMENT QUESTIONNAIRE

PAIN SELF-EFFICACY QUESTIONNAIRE

Please note 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.

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.

0 = Not at all confident, 6 = Completely confident

1. I can enjoy things, despite the pain.

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

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

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

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

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

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

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

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

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

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

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

7. I can cope with my pain without medication.

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

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

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

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

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

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

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

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TAMPA SCALE - 11

INSTRUCTIONS:

With this questionnaire, we measure how you look at pain. Therefore, you are requested to complete *all* questions by indicating on a 4-point scale to what extent you agree or disagree with each of the statements. This is not a test of your medical knowledge and there are no good or bad answers. We are interested in your opinion, not that of others.

	Highly disagree	Somewhat disagree	Somewhat agree	Highly agree
1. If I were to try to overcome it, my pain would increase.	1	2	3	4
2. I can't do all the things normal people do because it's too easy for me to get injured.	1	2	3	4
3. My body is telling me I have something dangerously wrong.	1	2	3	4
4. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body.	1	2	3	4
5. I'm afraid that I might injure myself if I exercise.	1	2	3	4
6. People aren't taking my medical condition seriously enough.	1	2	3	4
7. My accident has put my body at risk for the rest of my life.	1	2	3	4
8. 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
9. Pain lets me know when to stop exercising so that I don't injure myself.	1	2	3	4
10. Pain always means I have injured my body.	1	2	3	4
11. No one should have to exercise when he/she is in pain.	1	2	3	4

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PCS

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 circle the number to indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

When I'm in pain …	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
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

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HEALTHCARE

How many times in the past 3 months have you seen any of the following in regard to pain?

	Number of Times
General practitioner / family doctor	
Medical specialists (e.g. orthopaedic surgeon, neurologist, rheumatologist)	
Health professionals other than doctors (e.g. nurse, physiotherapist, occupational therapist, psychologist)	
Alternative/Complimentary health professionals (e.g. homeopath, massage therapist, acupuncturist)	
A hospital emergency department	
Admitted in hospital for more than one night because of your pain	

WORK

1. What is your current work status?
Please tick (☑) the relevant box below to indicate your work status right now:
(Work includes paid work, unpaid work, study and caring for others.)

☐ I am working in paid or unpaid work, or studying
☐ I am actively involved in the process of returning to paid or unpaid work
☐ I do intend to return to paid or unpaid work, but not right now
☐ I am not intending to return to paid or unpaid work

2. If you are working, please answer the following questions:

a. How many hours do you work each week?

__________ hours paid work

__________ hours voluntary work

__________ hours education

b. How many hours would you like to work each week?

__________ hours paid work

__________ hours voluntary work

__________ hours education

3. Are you currently receiving…
(Please tick the box the applies to you)

☐ WINZ benefit
☐ ACC Weekly Compensation
☐ Superannuation
☐ No financial assistance

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MEDICATIONS

What are your current medications?
Please list all of the medications you are currently taking. Indicate what dose, how often you take them, and for what problem. Please list both over-the-counter and prescription medications (continue on a separate page if necessary). Name and dose is written on the medication container.

	Medication	Dose (mg)	How often	Problem used for
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Have you ever taken any of the following medications for your pain?
(Please tick (✓) one box for each medication)

	Yes and helped	Yes but no help	Not tried
Amitriptyline (Amitrip, Amirol)			
Nortriptyline (Norpress, Allegron)			
Imipramine (Tofranil)			
Dothiepin (Dopress, Prothiaden)			
Clonazepam (Paxam, Rivotril)			
Sodium Valproate (Epilim)			
Phenytoin (Dilantin)			
Carbamazepine (Tegretol)			
Gabapentin (Neurontin, ~~/~~Nupentin)			
Clonidine (Catapres)			
Baclofen (Pacifen~~Lioresal~~)			
Mexiletine (Mexitil)			
Morphine (Sevredol, M-eslon)			
Pethidine			
Tramadol (Arrow-tramadol, Tramal)			
Oxycodone (Oxycontin/Oxynorm)			
Codeine (DHC, Codalgin, ~~-~~Panadeine)			
Paracetamol (Panadol)			
Diclofenac (Diclax, Voltaren)			
Ibuprofen (Brufen, Nurofen)			
Celecoxib (Celebrex)			
Other (name)			