

### **Pain Questionnaire:**

This survey asks you for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

1) in general, would you say your health is:

Excellent   Very Good   Good   Fair   Poor

2) Compared to one year ago, how would you rate your health in general now:

Much better   somewhat better   about the same   somewhat worse   much worse

3) The following questions are about activities you might do during a typical day. Does your health now limit these activities?

A) Vigorous activities: running, lifting heavy objects, participating in strenuous sports.      Y      N

B) Moderate activities: moving a table, pushing a vacuum, bowling, or playing golf      Y      N

C) Lifting or carrying groceries      Y      N

D) climbing several flights of stairs      Y      N

E) Climbing one flight of stairs      Y      N

F) bending, kneeling, or stooping.      Y      N

G) walking more than one mile      Y      N

H) walking several hundred yards      Y      N

I) walking one hundred yards      Y      N

J) bathing or dressing yourself      Y      N

4) during the last four weeks, how much of time have you had any of the following problems with your work or during regular activities as a result of your physical health

A) Cut down on the amount of time you spent on work or other activities?

All the time   most of the time   some of the time   little of the time   none of the time

B) Accomplished less than you would like...

All of the time   most of the time   some of the time   little of the time   none of the time

C) were limited in the kind of work or other activities...

All of the time   most of the time   some of the time   little of the time   none of the time

D) had difficulty performing work or other activities

All of the time   most of the time   some of the time   little of the time   none of the time

5) during the last 4 weeks, how much of the time have you had any of the following problems with your work or other regular activities as a result of emotional problems?

A) cut down the amount of time you spend on work or other activities...

All of the time   most of the time   some of the time   little of the time   none of the time

B) Accomplished less than you would like...

All of the time   most of the time   some of the time   little of the time   none of the time

C) did work or activities less carefully than usual...

All of the time   most of the time   some of the time   little of the time   none of the time

6) during the last 4 weeks, to what extent has your physical and emotional problems interfered with your normal social activities with family, friends, neighbors or groups...

Not at all   slightly   moderately   quite a bit   extremely

7) how much bodily pain have you had during the last 4 weeks?

None   very mild   mild   moderate   severe   very severe

8) during the past 4 weeks, how much did pain interfere with your normal work?

Not at all   a little bit   moderately   quite a bit   extremely

9) how much of the time during the past 4 weeks:

A) did you feel full of life?

All of the time   most of the time   some of the time   little of the time   none of the time

B) Have you been nervous?

All of the time   most of the time   some of the time   little of the time   none of the time

C) have you felt so down in the dumps that nothing could cheer you up?

All of the time   most of the time   some of the time   little of the time   none of the time

D) have you felt calm and peaceful?

All of the time   most of the time   some of the time   little of the time   none of the time

E) did you have a lot of energy?

All of the time   most of the time   some of the time   little of the time   none of the time

F) have you felt downhearted and depressed?

All of the time   most of the time   some of the time   little of the time   none of the time

G) did you feel worn out?

All of the time   most of the time   some of the time   little of the time   none of the time

H) have you been happy

All of the time   most of the time   some of the time   little of the time   none of the time

I) do you feel tired?

All of the time   most of the time   some of the time   little of the time   none of the time

10) during the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities?

All of the time   most of the time   some of the time   little of the time   none of the time

11) how true or false is each of the following statements?

A) I seem to get sick a little easier than other people?

Definitely true   mostly true   don't know   mostly false   definitely false

B) I am as healthy as anybody I know

Definitely true   mostly true   don't know   mostly false   definitely false

C) I expect my health to get worse

Definitely true   mostly true   don't know   mostly false   definitely false

D) my health is excellent

Definitely true   mostly true   don't know   mostly false   definitely false