



Plastic Surgery & Dermatology Associates (PSDA)

Pain Questionnaire

Name: _____

Date: _____

Age: ____ Sex: Male__ Female__ Dominant Hand: Right__ Left__ Diagnosis: _____

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

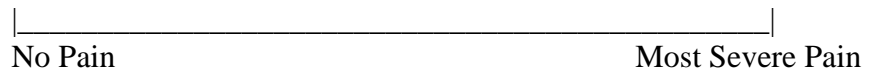
- | | | | | | | |
|----------|-----------|----------|----------|----------|--------------|---------------|
| Burning | Throbbing | Aching | Stabbing | Tingling | Twisting | Squeezing |
| Cramping | Cutting | Shooting | Numbing | Vague | Stinging | Indescribable |
| Pulling | Smarting | Pressure | Coldness | Dull | Other: _____ | |

Level of symptoms: place a mark through the line to indicate the level of your pain, if zero is no pain and the end of the line is the most severe pain you can imagine having.

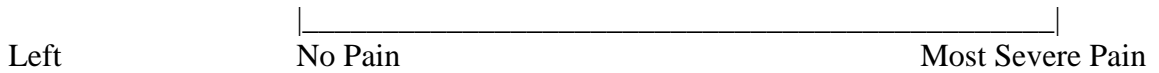
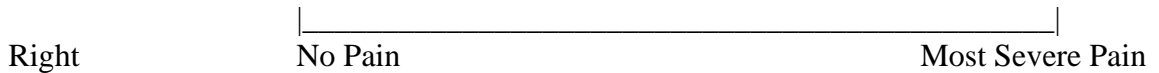
For Example:



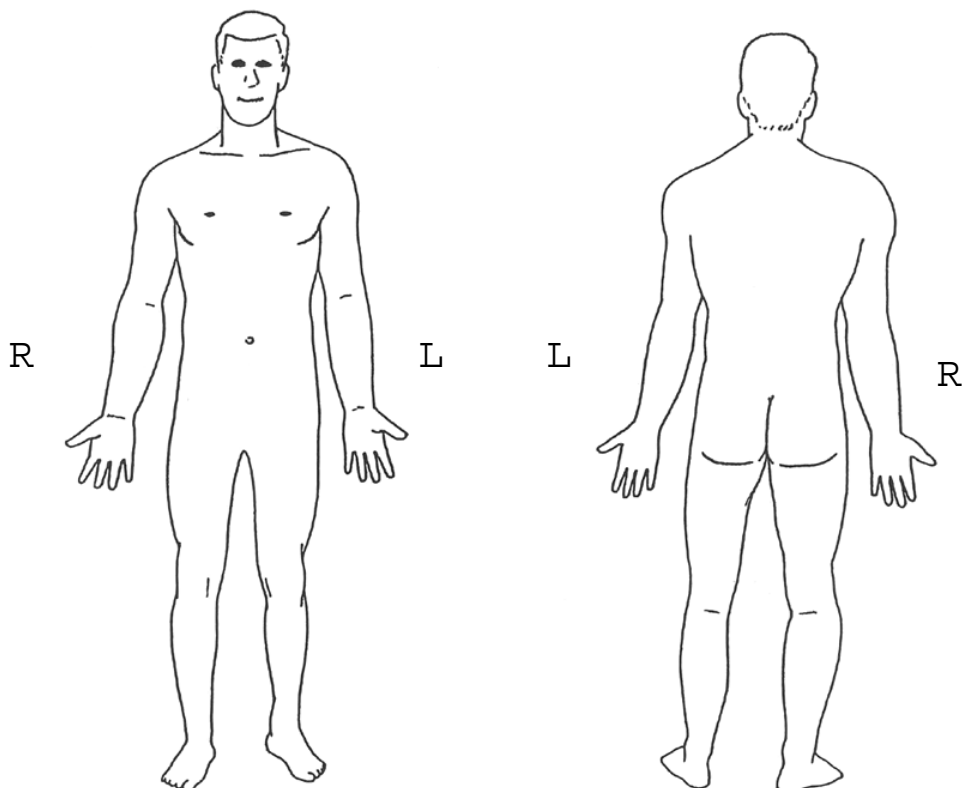
Mark your average level of pain in the last month



Mark your worst level of pain in the last week



2. Where is your pain? (Draw on diagram)



3. Mark your average level of stress in the last month?

at home |_____|
0 10

at work |_____|
0 10

5. How well are you able to cope with that stress?

at home |_____|
Very Well Not at all

at work |_____|
Very Well Not al all

6. 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

7. 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

8. 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

9. 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 have no effect on the pain.

10. Do you ever have trouble falling asleep or awaken from sleep?
a. No - Proceed to Question 11 **b.** Yes - Proceed to 10A & 10B
- 10A. 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
- 10B. 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
11. Has your pain affected your intimate personal relationships?
a. No **b.** Yes
12. Are you involved in any legal action regarding your physical complaint?
a. No **b.** Yes
13. Is this a Workers' Compensation case?
a. No **b.** Yes
14. Are you presently receiving psychiatric treatment?
a. No **b.** Yes **c.** Previous psychiatric treatment
15. Have you ever thought of suicide?
a. No **b.** Yes **c.** Previous suicide attempts
16. Are you a victim of emotional abuse?
a. No **b.** Yes **c.** No comment
17. Are you a victim of physical abuse?
a. No **b.** Yes **c.** No comment
18. Are you a victim of sexual abuse?
a. No **b.** Yes **c.** No comment
19. Are you presently a victim of abuse?
a. No **b.** Yes **c.** No comment

20. If you are retired, a student or homemaker, proceed to Question 20B.

20A. Are you still working?

- a. Works every day at the same pre-pain job.
- b. Works every day but the job is not the same as the pre-pain job with reduced responsibility or physical activity
- c. Works occasionally.
- d. Not presently working.

20B. Are you able to do your household chores?

- a. Does same level of household activities without discomfort.
- b. Does same level of household chores with discomfort.
- c. Does a reduced amount of household chores.
- d. Most household chores are now performed by others.

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

- a. No medications
- b. List medications: _____

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

- 1. _____
- 2. _____
- 3. _____

Modified by Mackinnon SE & Novak CB, 2001

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.

