

Patient Pain Questionnaire (Page 2)

No interference-----Maximum Interference

| | | | | | | | | | | |
|-----------------------------|---|---|---|---|---|---|---|---|---|----|
| Difficulty thinking | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Walking ability | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Normal work | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Relations with other people | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Enjoyment of life | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

8. What drug side effects or symptoms are you having? Circle the number that best describes your experience during the past week.

Barely noticeable-----Severe Enough to Stop Medicine

| | | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---|---|----|
| Constipation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Tired/fatigue | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Difficulty thinking | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

9. Have you noticed a problem with pain flares? When is it occurring?

10. Are you using any other therapies now to help with your function?

- Counseling, support groups
- Stretching, massage, yoga
- Exercise, aquarobics, water walking
- Music, meditation, prayer
- Biofeedback, relaxation, distraction
- Physical therapy
- Other (specify) _____
- None

11. Did you make progress toward your goals since your last visit?

- No, didn't try
- Almost achieved
- Achieved
- Achieved and more
- I do not have treatment goals

12. After this visit, what do you want to accomplish or change to improve your plan?