

Evaluation and Treatment of Acute
and Chronic Pain Disorders
Interventional Pain Management
Spinal Pain, Cancer Pain
Pain Fellowship Trained, Board Certified

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Name _____ Today's Date _____

Oswestry Questionnaire

This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section only the ONE box, which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

Section 1 Pain Intensity

- I can tolerate the pain I have without having to use painkillers.
- The pain is bad but I manage without taking painkillers.
- Painkillers give me complete relief from pain.
- Painkillers give moderate relief from pain.
- Painkillers give very little relief from pain.
- Painkillers have no effect on the pain, and I do not use them.

Section 2 Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself, but it causes extra pain.
- It is painful to look after myself, and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed, because of difficulty and stay in bed.

Section 3 Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weight, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

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Section 4 Walking

- _____ Pain does not prevent me from walking any distances.
- _____ Pain prevents me from walking more than one mile.
- _____ Pain prevents me from walking more than ½ mile.
- _____ Pain prevents me from walking more than ¼ mile.
- _____ I can only walk using a cane or crutches.
- _____ I am in bed most of the time and have to crawl to the toilet.

Section 5 Sitting

- _____ I can sit in any chair as long as I like.
- _____ I can only sit in my favorite chair as long as I like.
- _____ Pain prevents me from sitting more than one hour.
- _____ Pain prevents me from sitting more than ½ hour.
- _____ Pain prevents me from sitting more than ten minutes.
- _____ Pain prevents me from sitting at all.

Section 6 Standing

- _____ I can stand as long as I want without extra pain.
- _____ I can stand as long as I want, but it gives me extra pain.
- _____ Pain prevents me from standing for more than one hour.
- _____ Pain prevents me from standing for more than 30 minutes.
- _____ Pain prevents me from standing for more than 10 minutes.
- _____ Pain prevents me from standing at all.

Section 7 Sleeping

- _____ Pain does not prevent me from sleeping well.
- _____ I can sleep well only by using tablets.
- _____ Even when I take tablets, I have less than six hours of sleep.
- _____ Even when I take tablets, I have less than four hours of sleep.
- _____ Even when I take tablets, I have less than two hours of sleep.
- _____ Pain prevents me from sleeping at all.

Section 8 Sex Life

- _____ My sex life is normal and causes no extra pain
- _____ My sex life is normal but causes some extra pain
- _____ My sex life is nearly normal but is very painful.
- _____ My sex life is severely restricted by pain.
- _____ My sex life is nearly absent because of pain.
- _____ Pain prevents any sex life at all.

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Section 9 Social Life

- _____ My social life is normal and gives me no extra pain.
- _____ My social life is normal but increases the degree of pain.
- _____ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- _____ Pain has restricted my social life to my home.
- _____ I have no social life because of pain.

Section 10 Traveling

- _____ I can travel anywhere without extra pain.
- _____ I can travel anywhere but it gives me extra pain.
- _____ Pain is bad but I manage journeys over two hours.
- _____ Pain restricts me to journeys of less than one hour.
- _____ Pain restricts me to short necessary journeys less than 30 minutes.
- _____ Pain prevents me from traveling except to the doctor or hospital.

Beck Inventory

Please read each of the statements carefully, and then pick out the **one** statement in each group that best describes the way you have been feeling **during the past 2 weeks including today**. Circle the number beside the statement you have picked. Be sure that you do not choose more than one statement for any group.

1. 0 I do not feel sad.
 1 I feel sad much of the time.
 2 I am sad all of the time.
 3 I am so sad or unhappy that I cannot stand it.
2. 0 I am not discouraged about my future.
 1 I feel more discouraged about my future than I used to.
 2 I do not expect things to work out for me.
 3 I feel my future is hopeless and will only get worse.
3. 0 I do not feel like a failure.
 1 I have failed more than I should have.
 2 As I look back, I see many failures.
 3 I feel I am a total failure as a person.
4. 0 I get as much pleasure as I ever did from the things I enjoy.
 1 I do not enjoy things as much as I used to.
 2 I get very little pleasure from the things I used to enjoy.
 3 I cannot get any pleasure from the things I used to enjoy.
5. 0 I do not feel particularly guilty.
 1 I feel guilty over many things I have done or should have done.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.

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6. 0 I do not feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.
7. 0 I feel the same about myself as ever.
1 I have lost confidence in myself.
2 I am disappointed in myself.
3 I dislike myself.
8. 0 I do not criticize or blame myself more than usual.
1 I am more critical of myself than I used to be.
2 I criticize myself for all of my faults.
3 I blame myself for everything bad that happens.
9. 0 I do not have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I do not cry any more than I used to.
1 I cry more than I used to.
2 I cry over every little thing.
3 I feel like crying, but I cannot.
11. 0 I am no more restless or up than usual.
1 I feel more restless or up than usual.
2 I feel so restless or agitated that it is hard to stay still.
3 I am so restless or agitated that I have to keep moving or doing something.
12. 0 I have not lost interest in other people or activities.
1 I am less interested in other people or things than before.
2 I have lost most of my interest in other people or things.
3 It is hard to get interested in anything.
13. 0 I make decisions as well as ever.
1 I find it more difficult to make decisions than I used to.
2 I have much greater difficulty in making decisions than I used to.
3 I have trouble making any decisions.
14. 0 I do not feel I am worthless.
1 I do not consider myself as worthwhile and useful as I used to.
2 I feel more worthless as compared to other people.
3 I feel utterly worthless.
15. 0 I have as much energy as ever.
1 I have less energy than I used to have.
2 I do not have enough energy to do very much.
3 I do not have enough energy to do anything.

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16. 0 I have not experienced any change in my sleeping pattern.
1a I sleep somewhat more than usual.
1b I sleep somewhat less than usual.
2a I sleep a lot more than usual.
2b I sleep a lot less than usual.
3a I sleep most of the day.
3b I wake up 1 to 2 hours early and can not get back to sleep.
17. 0 I am no more irritable than usual.
1 I am more irritable than usual.
2 I am much more irritable than usual.
3 I am irritable all of the time.
18. 0 I have not experienced any change in my appetite.
1a My appetite is somewhat less than usual.
1b My appetite is somewhat greater than usual.
2a My appetite is much less than before.
2b My appetite is much greater than usual.
3a I have no appetite at all.
3b I crave food all of the time.
19. 0 I can concentrate as well as ever.
1 I cannot concentrate as well as usual.
2 It is hard to keep my mind on anything for very long.
3 I find I cannot concentrate on anything.
20. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

Pain Inventory

Please circle the appropriate number to reflect the level of your pain.

The worst it has been in the past week:

1 2 3 4 5 6 7 8 9 10

The least it has been in the past week:

1 2 3 4 5 6 7 8 9 10

The average it has been in the past week:

1 2 3 4 5 6 7 8 9 10

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MSP Questionnaire

Please describe how you have felt in the past week by checking the appropriate box for each symptom.

Symptoms	Not at all	A little, slightly	A great deal, quite a lot	Extremely, could not have been worse
heart rate increase				
sweating in a particular part of the body				
pulse in neck				
pounding in head				
everything appears unreal				
butterflies in stomach				
desire to pass water				
difficulty swallowing				
tense feeling in jaw muscles				
feeling hot all over				
sweating all over				
dizziness				
blurring of vision				
feeling faint				
nausea				
pain or ache in stomach				
stomach churning				
mouth becoming dry				
muscles in neck aching				
legs feeling weak				
muscles twitching or jumping				
tense feeling across forehead				