

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 _____

Neck Pain 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 have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

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 weights, 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, for example on a table.
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

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Section 4 Reading

- _____ I can read as much as I want to with no pain in my neck.
- _____ I can read as much as I want to with slight pain in my neck.
- _____ I can read as much as I want to with moderate pain in my neck.
- _____ I can't read as much as I want because of moderate pain in my neck.
- _____ I can hardly read at all because of severe pain in my neck.
- _____ I cannot read at all.

Section 5 Headaches

- _____ I have no headaches at all.
- _____ I have slight headaches which come infrequently.
- _____ I have moderate headaches which come infrequently.
- _____ I have moderate headaches which come frequently.
- _____ I have severe headaches which come frequently.
- _____ I have headaches almost all the time.

Section 6 Concentration

- _____ I can concentrate fully when I want to with no difficulty.
- _____ I can concentrate fully when I want to with slight difficulty.
- _____ I have a fair degree of difficulty in concentration when I want to.
- _____ I have a lot of difficulty concentrating when I want to.
- _____ I have a great deal of difficulty concentrating when I want to.
- _____ I cannot concentrate at all.

Section 7 Work

- _____ I can do as much work as I want to.
- _____ I can only do my usual work, but no more.
- _____ I can do most of my usual work, but no more.
- _____ I cannot do my usual work.
- _____ I can hardly do any work at all.
- _____ I can't do any work at all.

Section 8 Driving

- _____ I can drive my car without any neck pain.
- _____ I can drive my car as long as I want with slight neck pain.
- _____ I can drive my car as long as I want with moderate neck pain.
- _____ I can't drive my car as long as I want because of moderate pain in my neck.
- _____ I can hardly drive at all because of severe pain in my neck.
- _____ I can't drive my car at all.

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Section 9 Sleeping

- _____ I have no trouble sleeping.
- _____ My sleep is slightly disturbed (less than 1 hour sleepless).
- _____ My sleep is mildly disturbed (1 - 2 hours sleepless).
- _____ My sleep is moderately disturbed (2 - 3 hours sleepless).
- _____ My sleep is greatly disturbed (3 - 5 hours sleepless).
- _____ My sleep is completely disturbed (5 - 7 hours sleepless).

Section 10 Recreation

- _____ I am able to engage in all my recreation activities with no neck pain at all.
- _____ I am able to engage in all my recreation activities with some pain in my neck.
- _____ I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck.
- _____ I am able to engage in a few of my usual recreation activities because of pain in my neck.
- _____ I can hardly do any recreation activities because of pain in my neck.
- _____ I can't do any recreation activities at all.

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 use 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				