

CHRONIC PAIN ASSESSMENT

affix patient identification label here

DATE: INTERVIEWER:

NAME: D.O.B.

REFERRAL SOURCE:

REASON FOR REFERRAL:

.....

ADDRESS:

.....

MARITAL STATUS:CURRENTLY LIVING WITH (RELATIONSHIP):

OCCUPATION: PRESENT WORKING STATUS:

QUALIFICATIONS/EDUCATION (MAX):

PRESENTING PROBLEM

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AVERAGE PAIN SYMPTOMS (from self-monitoring diaries, when possible.)

1. Rated average intensity (0-5):

2. Peak intensity (0-5):

3. Frequency per week/month:

4. Duration (average hours):

5. Onset focus and laterality:

6. Spread:

7. Patterning of episodes:

Course: static, gradually worsening, sudden worsening, gradual improvement, fluctuating, other:

8. Accompanying symptoms:

- | | | | |
|-----------------|-------|--------------------|-------|
| Vomiting | ..... | Numbness/tingling | ..... |
| Nausea | ..... | Heart beating fast | ..... |
| Dizziness | ..... | Heart beating loud | ..... |
| Feeling faint | ..... | Noise sensitivity | ..... |
| Fear | ..... | Light sensitivity | ..... |
| Rapid breathing | ..... | Irritability | ..... |
| Sweating | ..... | Palpitations | ..... |
| Blurred vision | ..... | Anxiety | ..... |
| Visual prodroma | ..... | Depression | ..... |

Others

ANTECEDENTS/EXACERBATORS/AMELIORATORS OF SYMPTOMS & TOLERANCE:

(Mark - if exacerbator; + if ameliorator; * if considered a trigger of pain episode)

1. Worry:
2. Tension:
3. Physical exercise, movement (standing, lifting, walking etc.) :
4. Menstrual cycle:
5. Relaxation:
6. Weekends:
7. Vacations:
8. Going to work:
9. Concentration:
10. Reading:
11. Studying:
12. Listening to lectures, seminars, talks, etc:.....
13. Noises:
14. Excitement:
15. Quarrels:
16. Anger:
17. Emotional times:
18. Sunshine:
19. Hot baths:
20. Precision work:
21. Sex:
22. Annoyances:
23. Diet - certain food and/or drink:
24. Alcohol:
25. Fatigue:
26. Weather:
27. Sympathy & attention:
28. Cold/heat:
29. Others:

Consequences: Since the onset of your problem, has your participation in the following changed?
 (Estimate % interference of pain in:)

Description

Physical exercise%

Activities e.g. work, child care%.....

Leisure/social%.....

Sexual activity%.....

Daily life e.g.driving%.....

Sleeping%

Relationships%.....

Housework & Chores%.....

DAILY ROUTINE

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PAST & PRESENT MEDICATION USE

Name	Time on Medication	Dose	Time/Day	Effectiveness &/or Reason for Discontinuing
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Interviewer's assessment of patient's attitudes to use and dependence:

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Average number of cigarettes per day:

Average tea/coffee intake per day:

Use of contraceptive pill: Yes: No:

Use of other psychoactive drugs (cocaine, marijuana, amphetamines, etc):.....

Alcohol(frequency/amount):Current

Past

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COPING STRATEGIES (excluding avoidance):

Type	% of time used to control pain	Effectiveness (0-10)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

HISTORY OF CURRENT PROBLEM

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PREVIOUS TREATMENTS/SPECIALIST CONSULTATIONS & OUTCOME
(Date, Type, Efficacy, Attitude to, etc.)

1.
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2.
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3.
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4.
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HOSPITALISATIONS/OPERATIONS:

1.
2.
3.
4.
Outcome:.....
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GENERAL

Physical health - general (other somatic problems):

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FAMILY:

Relationships:

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History of Psychiatric problems:

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History of Pain/Disability:

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History of abuse, neglect:

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Attitudes to pain/illness:

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Cultural Background:

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CHILDHOOD: (quality, siblings, health, social, etc.):

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MARITAL HISTORY

Age at marriage: Age of spouse:

Occupation of spouse: Working now?.....

Length of marriage:

Other marriages:

Number of children: Ages:

Description of marriage:

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Major cause of conflict:(financial, children, parents, in-laws, work, personality differences, sexual problems, physical illness, religion, other)

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How do people you live with know you are in pain?

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Reaction of family/spouse etc. to pain episodes and disabilities:

- encourage/supportive
- ignore/angry
- distract
- encourage to be active despite
- encourage to avoid

PSYCHIATRIC HISTORY AND CURRENT PROBLEMS:

Depression: sad mood, anhedonic, insomnia/hypersomnia or sleep difficulties, suicide thoughts, lack of appetite, weight gain or loss (.....kg), loss of interest, guilty, fatigue, diurnal fluctuations, loss of sexual interest, poor concentration, irritability.

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Past history of:

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Anxiety: tension, tremor, physical manifestations, panic, phobias.

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Past history of:

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Impression of personality: extraversion, introversion, histrionic traits.

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Evidence of: obsessional/compulsive problems, eating difficulties, hypochondriacal concerns, intellectual impairment, psychotic symptoms, other:

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Recent and ongoing stressors:

Type	Approx. Date of onset	Reaction	Association with pain
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WORK HISTORY

Education:

Work history:

Present employment (F/PT)

1. Financial situation:

2. Work satisfaction:

3. Amount of time lost due to pain (in last 6 months):

4. Problems with job:

If currently not working:

1. Means of support:

2. Job availability and need of retraining:

3. Motivation to return/begin:

4. Former working income:
Current benefits (type, size):

5. Duration of compensation:

6. Stage of current or planned litigation:

7. Satisfaction with current status:

Patient's view of problem and its cause/s and likely course:

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If pain disappeared, what would you wish to do?

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SUMMARY SHEET

Evidence of:

- 1. Depression:
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- 2. Anxiety:
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- 3. Avoidance/confrontation activity patterns:
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- 4. Inactivity/unfit:
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- 5. No evolved coping strategies:
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- 6. Drug dependency:
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- 7. Poor/inadequate understanding of chronic pain/physical mechanisms:
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- 8. Work disruption:
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- 9. Marital problems:
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- 10. Other:
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- 11. Motivation for self-management:
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- 12. Sources of secondary gain:
 - a) financial
 - b) sympathy, attention, support from significant others and health care workers
 - c) provision of time to engage in preferred activities
 - d) avoidance of work, school, unpleasant duties (eg. home or family related),
social events
 - e) others.....
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