

## PAIN OUTCOMES QUESTIONNAIRE (Short form)

Michael E. Clark, Ph.D. and Ronald J. Gironda, Ph.D.

James A. Haley Veterans Affairs Hospital, Tampa, Florida.

We ask that **all patients regardless of condition** complete the remainder of the questionnaire.

### I. INSTRUCTIONS:

Please circle the number that best describes the question being asked.

Choose only 1 number per question.

1) Enter today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

2) On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst possible pain, how would you rate your pain on average during the **past week**?

← →  
No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Pain

3) Does your pain interfere with your ability to walk?

← →  
Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time

4) Does your pain interfere with your ability to carry/handle everyday objects such as a bag of groceries or books?

← →  
Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time

5) Does your pain interfere with your ability to climb stairs?

← →  
Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time

6) Does your pain require you to use a cane, walker, wheelchair, or other devices?

← →  
Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time

7) Does your pain interfere with your ability to bathe yourself?

← →  
Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time

8) Does your pain interfere with your ability to dress yourself?

← →  
Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time

9) Does your pain interfere with your ability to use the bathroom?

← →

Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time

10) Does your pain interfere with your ability to manage your personal grooming (for example, combing your hair, brushing your teeth, etc.)?

← Not at all 0 1 2 3 4 5 6 7 8 9 10 → All the time

11) Does your pain affect your self-esteem or self-worth?

← Not at all 0 1 2 3 4 5 6 7 8 9 10 → All the time

12) How would you rate your physical activity?

← Significant limitation in basic activities 0 1 2 3 4 5 6 7 8 9 10 → Can perform vigorous activities without limitation

13) How would you rate your overall energy?

← Totally worn out 0 1 2 3 4 5 6 7 8 9 10 → Most energy ever

14) How would you rate your strength and endurance **today**?

← Very poor 0 1 2 3 4 5 6 7 8 9 10 → Very high

15) How would you rate your feelings of depression **today**?

← Not at all depressed 0 1 2 3 4 5 6 7 8 9 10 → Extremely depressed

16) How would you rate your feelings of anxiety **today**?

← Not at all anxious 0 1 2 3 4 5 6 7 8 9 10 → Extremely anxious

17) How much do you worry about re-injuring yourself if you are more active?

← Not at all 0 1 2 3 4 5 6 7 8 9 10 → All the time

18) How safe do you think it is for you to exercise?

← Not safe at all 0 1 2 3 4 5 6 7 8 9 10 → Extremely safe

19) Do you have problems concentrating on things **today**?

← Not at all 0 1 2 3 4 5 6 7 8 9 10 → All the time

20) How often do you feel tense?

←  
**Not at all**   0   1   2   3   4   5   6   7   8   9   10   **All the time**   →