Chronic Pain Assessment Questionnaire

Pain is a patient-specific experience that requires ongoing assessment and evaluation, both by patients and their providers. This questionnaire will help assess the two parts of chronic pain that often change over time, persistent baseline and breakthrough pain. Please take a moment to complete this questionnaire.

Part 1: Assessment of Persistent Baseline Pain

1 During the past week, have you had any pain or would you have had pain if not for the treatment you are receiving?

- ❑ If **Yes**, please proceed to the next question.
- ❑ If **No**, your pain profile may not include persistent baseline pain; please return this form to your physician.

2 Is this pain present continuously (most of the day) on most days or would the pain persist if not for the treatment you are receiving?

- ❑ If **Yes**, please proceed to the next question. This is known as persistent baseline pain.
- ❑ If **No**, your pain profile may not include persistent baseline pain; please return this form to your physician.

3 During the past week, on average, how would you rate your baseline pain on a scale of 0 to 10? (Refer to ***Figure 1A***)

- ❑ If **Severe**, your baseline pain may be uncontrolled; please return this form to your physician who may adjust your baseline treatment as needed.
- ❑ If **Mild** or **Moderate**, your baseline pain is controlled. Please proceed to the next question.

4 Assess the nature of your baseline pain

- Where do you feel this pain? (Refer to ***Figure 1B***)
- What does the pain feel like? (Refer to ***Figure 1C***)
- How long have you experienced this pain? **(in weeks)** _____
- Does anything that you do reduce your pain? ❑ Yes ❑ No
  If **Yes**, please describe what reduces your pain: _____
  _____
- Does anything that you do make your pain worse? ❑ Yes ❑ No
  If **Yes**, please describe what makes your pain worse: _____
  _____

5 Are you taking opioid medications **daily**?

- ❑ If **Yes**, which opioid are you taking? _____
  _____
  How often are you taking it? _____
  _____
  Please proceed to the next question.
- ❑ If **No**, please proceed to the next question.

6 **Evaluate for breakthrough pain** *(see reverse)*

Patient Information

❑ First visit ❑ Follow-up visit

Age ❑ 20-29 ❑ 30-39 ❑ 40-49 ❑ 50-59 ❑ 60-69 ❑ 70+

Height _____ Weight _____

Sex ❑ Male ❑ Female

Race ❑ Caucasian ❑ African American ❑ Hispanic ❑ Asian ❑ Other

Pain Diagnosis _____

FIGURE 1A

Please rate your **baseline pain** by circling the one number that best describes your pain on the average during the past week.

0-10 Numeric Pain Intensity Scale

FIGURE 1B

Where do you feel this pain?

(In the diagram below shade in the areas where you experience this pain)

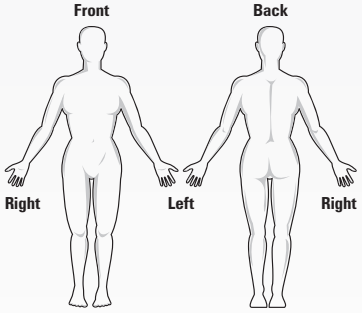

FIGURE 1C

What does the pain feel like?

(Check all that apply)

❑ Aching	❑ Hurting	❑ Shocking
❑ Agonizing	❑ Intense	❑ Shooting
❑ Annoying	❑ Itchy	❑ Sickening
❑ Beating	❑ Miserable	❑ Sore
❑ Burning	❑ Nauseating	❑ Spreading
❑ Cold	❑ Numb	❑ Squeezing
❑ Cramping	❑ Piercing	❑ Stabbing
❑ Crushing	❑ Pinching	❑ Stinging
❑ Cutting	❑ Pounding	❑ Suffocating
❑ Dreadful	❑ Pressure	❑ Tearing
❑ Dull	❑ Prickling	❑ Throbbing
❑ Exhausting	❑ Pulling	❑ Tight
❑ Flashing	❑ Pulsing	❑ Tingling
❑ Flickering	❑ Radiating	❑ Troublesome
❑ Freezing	❑ Scalding	❑ Tugging
❑ Hot	❑ Sharp	❑ Unbearable

Part 2: **Assessment of Breakthrough Pain**

1 Do you have periods during the day when you have temporary episodes of uncontrolled pain (also known as breakthrough pain)?

- ❑ If **Yes**, how often? _____
- What time of day do these episodes occur? _____
- ❑ If **No**, please return this form to your physician.

2 How long does it take from the time you first notice the pain until it is at its worst?

_____

- How long do the episodes last? _____
- How long does it usually take from the time you take medicine until the pain goes away? _____

3 How would you rate your breakthrough pain at its worst on a scale of 0 to 10? (Refer to ***Figure 2A***)

4 Where do you feel this pain? (Refer to ***Figure 2B***)

5 What does the pain feel like? (Refer to ***Figure 2C***)

6 Do you know what causes these breakthrough pain episodes? ❑ Yes ❑ No

- Are the episodes associated with certain activities (for example, gardening, walking)? ❑ Yes ❑ No
  If **Yes**, what are these activities? _____
- Does the onset occur with certain bodily functions (for example, coughing, sneezing)? ❑ Yes ❑ No
  If **Yes**, what are these bodily functions? _____
- Does the onset usually occur right before a scheduled dose of your pain medication? ❑ Yes ❑ No

7 Are these episodes of breakthrough pain the same type of pain as your usual pain? ❑ Yes ❑ No

If **No**, how do they differ? _____

Function

8 Do the episodes of breakthrough pain affect your ability to handle daily responsibilities at home or work? ❑ Yes ❑ No

If yes, how often? _____

9 To what extent does avoiding activities due to fear of an episode of breakthrough pain compromise your quality of life?

❑ A little ❑ A fair amount ❑ A lot ❑ An extreme amount

Medications

10 Does anything help lessen the severity of these episodes of breakthrough pain? ❑ Yes ❑ No

- What helps? _____
- What doesn't help? _____

11 Do you take any breakthrough pain medication(s)? ❑ Yes ❑ No

If yes, complete questions 12 and 13. If no, please return this form to your physician.

12 In the past 24 hours, how long has it taken for your breakthrough pain medication to begin to take effect? _____minutes

13 In the past 24 hours, how satisfied or dissatisfied have you been with how fast your breakthrough pain medication began to reduce your breakthrough pain?

❑ Very satisfied ❑ Satisfied ❑ Neutral ❑ Dissatisfied ❑ Very dissatisfied

Additional Patient Information

Marital Status _____

Occupation _____

FIGURE 2A

Please rate your **breakthrough pain** by circling the one number that best describes your pain on the average during the past week.

0-10 Numeric Pain Intensity Scale

FIGURE 2B

Where do you feel this pain?

(In the diagram below shade in the areas where you experience this pain)

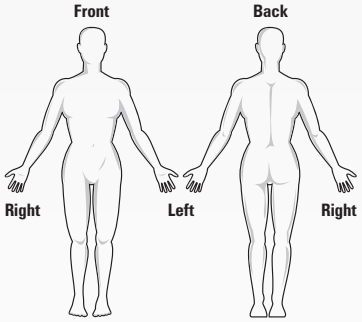

FIGURE 2C

What does the pain feel like?

(Check all that apply)

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Adapted from Portenoy RK, et al. *J Pain*. 2006;7:583-591; Hagen NA, et al. *J Pain Symptom Manage*. 2008;35:136-152; and the clinical practice of Michael J. Brennan, MD.