

Pain Disability Index

Pain disability index: The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when the pain is at its worst. For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. **A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.**

Family/Home responsibilities: This category refers to activities of the home or family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members (e.g. driving the children to school).

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Recreation: This category includes hobbies, sports, and other similar leisure-time activities.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Social Activity: This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Occupation: This category refers to activities that are part of or directly related to one's job. This includes nonpaying jobs as well, such as that of a housewife or volunteer worker.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Sexual Behavior: This category refers to the frequency and quality of one's sex life.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Self-Care: This category includes activities that involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed, etc.).

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Life-Support Activity: This category refers to basic life-supporting behaviors such as eating, sleeping and breathing.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

**American Chronic Pain Association
Quality Of Life Scale**

A Measure Of Function For People With Pain

0 Non-functioning	Stay in bed all day Feel hopeless and helpless about life
1	Stay in bed at least half the day Have no contact with outside world
2	Get out of bed but don't get dressed Stay at home all day
3	Get dressed in the morning Minimal activities at home Contact with friends via phone, email
4	Struggle but fulfill daily home responsibilities No outside activity Not able to work/volunteer
5	Do simple chores around the house Minimal activities outside of home two days a week
6	Work/volunteer limited hours Take part in limited social activities on weekends
7	Work/volunteer for a few hours daily Can be active at least five hours a day Can make plans to do simple activities on weekends
8	Work/volunteer for at least six hours daily Have energy to make plans for one evening social activity during the week Active on weekends
9	Work/volunteer/be active eight hours daily Take part in family life Outside social activities limited
10 Normal Quality of Life	Go to work/volunteer each day Normal daily activities each day Have a social life outside of work Take an active part in family life

Current Opioid Misuse Measure (COMM)[®]

Please answer each question as honestly as possible. Keep in mind that we are only asking about the past **30 days**. There are no wrong or right answers. If you are unsure about how to answer the question, please give the best answer you can.

		Never	Seldom	Sometimes	Often	Very Often
1.	In the past 30 days, how often have you had trouble with thinking clearly or had memory problems?	0	1	2	3	4
2.	In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work, or appointments.)	0	1	2	3	4
3.	In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)	0	1	2	3	4
4.	In the past 30 days, how often have you taken your medications differently from how they are prescribed?	0	1	2	3	4
5.	In the past 30 days, how often have you seriously thought about hurting yourself?	0	1	2	3	4
6.	In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?	0	1	2	3	4
7.	In the past 30 days, how often have you been in an argument?	0	1	2	3	4
8.	In the past 30 days, how often have you had trouble controlling your anger (e.g., road rage, screaming, etc.)?	0	1	2	3	4
9.	In the past 30 days, how often have you needed to take pain medications belonging to someone else?	0	1	2	3	4
10.	In the past 30 days, how often have you been worried about how you're handling your medications?	0	1	2	3	4
11.	In the past 30 days, how often have others been worried about how you're handling your medications?	0	1	2	3	4
12.	In the past 30 days, how often have you had to make an emergency phone call or show up at the clinic without an appointment?	0	1	2	3	4
13.	In the past 30 days, how often have you gotten angry with people?	0	1	2	3	4
14.	In the past 30 days, how often have you had to take more of your medications than prescribed?	0	1	2	3	4

15.	In the past 30 days, how often have you borrowed pain medication from someone else?	0	1	2	3	4
16.	In the past 30 days, how often have you used your pain medication for symptoms other than for pain (e.g., to help you sleep, improve your mood, or relieve stress)?	0	1	2	3	4
17.	In the past 30 days, how often have you had to visit the Emergency Room?	0	1	2	3	4

Score: _____

PEG (Pain, Enjoyment, General activity) scale (0-10)

1. What number best describes your **Pain** on average in the past week?

0 1 2 3 4 5 6 7 8 9 10

(No pain)

(Pain as bad as you can imagine)

2. What number best describes how, during the past week, pain has interfered with your **Enjoyment** of life?

0 1 2 3 4 5 6 7 8 9 10

(Does not interfere)

(Completely interferes)

3. What number best describes how, during the past week, pain has interfered with your **General activity**?

0 1 2 3 4 5 6 7 8 9 10

(Does not interfere)

(Completely interferes)

Name _____

Signature _____ Date _____