Pain Outcomes Questionnaire – VA: FOLLOW UP

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Patient: _____ Social Security #:_____

1.) Enter today's date: ____ / ____ / ____ (MM/DD/YY)

2.) What is your current employment status?

A) full-time employment
B) part-time employment
C) unemployed, not interested in returning to work
D) unemployed, looking for work
E) unemployed, disabled
F) retired due to pain
G) retired not due to pain

3.) Approximately how many **NON-VA** health care visits have you had in the **LAST 3 MONTHS** for your **CURRENT PAIN PROBLEM**? Include **ALL** visits to any **NON-VA** health care provider. For example, if you saw a surgeon once, a physical therapist 12 times, and a chiropractor 2 times for reasons related to your pain, the total number of visits would be 15.

Number of **NON-VA** health care visits: _____

4.) Approximately how many **VA** health care visits have you had in the **LAST 3 MONTHS** for your **CURRENT PAIN PROBLEM**? Include **ALL** visits to any **VA** health care provider. For example, if you saw a surgeon once, a physical therapist 12 times, and a chiropractor 2 times for reasons related to your pain, the total number of visits would be 15.

Number of **VA** health care visits: _____

5.) How many times have you experienced a "re-injury of your original pain," that required medical attention **SINCE YOU COMPLETED THIS TREATMENT**?

Number of re-injuries: _____

6.) 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 the **AVERAGE** during the **LAST WEEK**?

0	1	2	3	4	5	6	7	8	9	10
no pain at all										worst possible pain

7.) Does your pain interfere with your ability to walk?

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

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

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

9.) Does your pain interfere with your ability to climb stairs?

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

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

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

11.) Does your pain interfere with your ability to bathe yourself?

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

12.) Does your pain interfere with your ability to dress yourself?

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

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

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

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

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

15.) Does your pain affect your self-esteem or self-worth?

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

16.) How would you rate your physical activity?

0	1	2	3	4	5	6	7	8	9	10
significant limitation in basic activities										can perform vigorous activities without limitation

17.) How would you rate your overall energy?

0	1	2	3	4	5	6	7	8	9	10
totally worn out										most energy ever

18.) How would you rate your strength and endurance **TODAY**?

0	1	2	3	4	5	6	7	8	9	10
very poor strength and endurance										very high strength and endurance

19.) How would you rate your feelings of depression **TODAY**?

0	1	2	3	4	5	6	7	8	9	10
not depressed at all										extremely depressed

20.) How would you rate your feelings of anxiety **TODAY**?

0	1	2	3	4	5	6	7	8	9	10
not anxious at all										extremely anxious

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

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

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

0	1	2	3	4	5	6	7	8	9	10
not safe at all										extremely safe

23.) Do you have problems concentrating on things **TODAY**?

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

24.) How often do you feel tense?

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

25.) How satisfied were you with the overall treatment you received?

0 1 2 3 4 5 6 7 8 9 10
no satisfaction complete satisfaction

26.) Would you recommend this treatment to someone you know who has a pain problem?

0 1 2 3 4 5 6 7 8 9 10
not recommended strongly recommended

27.) Please indicate your VA Service Connection status:

A) non-Service Connected
B) non-Service Connected pension
C) Service Connected

If you answered **C)** to question #27, **COMPLETE QUESTION #28**.

If you did **NOT** answer **C)** to question #27, **SKIP TO NEXT PAGE**.

28.) If you are Service Connected, what is your total percentage?

_____ Percent

(PLEASE CONTINUE TO THE NEXT PAGE)

29.) Do you have a disability claim of **ANY** type currently pending?

A) yes B) no

30.) Are you currently taking any narcotic medications **ON A DAILY BASIS** (for example, codeine, Darvon, Demerol, Dilaudid, Duragesic, MS Contin, Percocet, Vicodin, Lortab, Oramorph, Tylenol #3 or #4, etc.)?

A) yes B) no

If you answered **YES** to question #30, **COMPLETE QUESTIONS #31 & #32 ONLY**.

If you answered **NO** to question #30, **SKIP TO NEXT PAGE**. →

31.) How long have you been using narcotic medication **ON A DAILY BASIS** for your pain problem?

_____ Years _____ Months

32.) Please rate the degree of pain relief you currently receive from these medications:

0 1 2 3 4 5 6 7 8 9 10
no relief complete relief

STOP HERE (If you answered **YES** to question #30)

33.) Have you taken narcotic medications **ON A DAILY BASIS DURING ANY PERIOD OF TIME SINCE YOU COMPLETED THIS TREATMENT** (for example, codeine, Darvon, Demerol, Dilaudid, Duragesic, MS Contin, Percocet, Vicodin, Lortab, Oramorph, Tylenol #3 or #4, etc.)?

A) yes B) no

If you answered **YES** to question #33, **PLEASE CONTNUE**.

If you answered **NO** to question #33, **STOP HERE**.

34.) How long has it been since you last used narcotic medication **ON A DAILY BASIS** for your pain problem?

_____ Years _____ Months

35.) How long did you use narcotic medication **ON A DAILY BASIS** for your pain problem?

_____ Years _____ Months

36.) Please rate the degree of pain relief you received from these medications:

0	1	2	3	4	5	6	7	8	9	10
no relief										complete relief