
Pain Outcomes Questionnaire – VA: Intake
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Patient: _____ **Social Security #:** _____

- 1.) Enter today's date: ____ / ____ / ____ (MM/DD/YY)
- 2.) What is your age? _____
- 3.) Please indicate your sex:
A) male B) female
- 4.) Please indicate your race:
A) African American D) Asian
B) White E) American Indian
C) Hispanic F) Other
- 5.) What is your current marital status?
A) never married D) divorced or separated
B) married E) widowed
C) living with someone but not married
- 6.) What is your current employment status?
A) full-time employment D) unemployed, looking for work
B) part-time employment E) unemployed, disabled
C) unemployed, not interested F) retired due to pain
in returning to work G) retired not due to pain
- 7.) How many years of education have you completed starting with the first grade?
_____ Years
- 8.) Please select all of the following types of claims you have filed related to your pain problem:
A) workers' compensation
B) personal injury (unrelated to work)
C) Social Security Disability Insurance (SSDI)
D) other insurance
E) none
F) VA Service Connection

9.) Are you currently involved in a formal legal suit related to your pain problem?

A) yes B) no

10.) Please select all of the following pain locations that apply to you:

A) leg	E) head	I) foot	M) arm/hand	Q) genitals
B) low back	F) neck	J) jaw	N) fingers	R) other
C) mid-back	G) shoulder	K) chest	O) toes	
D) upper back	H) buttocks	L) abdomen	P) face	

11.) From the above pain sites, pick the **ONE** pain location that most interferes with your life:

A) leg	E) head	I) foot	M) arm/hand	Q) genitals
B) low back	F) neck	J) jaw	N) fingers	R) other
C) mid-back	G) shoulder	K) chest	O) toes	
D) upper back	H) buttocks	L) abdomen	P) face	

12.) 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

13.) Using the same 0 to 10 rating scale, please rate what your **ACCEPTABLE** average level of pain would be:

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

14.) How long have you had the pain for which you are now seeking treatment?

_____ Years _____ Months

- 15.) 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: _____

- 16.) 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: _____

- 17.) Please indicate any other physical illnesses or conditions you may have other than pain (indicate all that apply):

A) diabetes	D) heart disease	G) thyroid disease	J) other
B) lung disease	E) high blood pressure	H) liver disease	K) none
C) kidney disease	F) cancer	I) seizures	

- 18.) 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

- 19.) 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

- 20.) 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

- 21.) 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

22.) 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

23.) 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

24.) 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

25.) 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

26.) 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

27.) 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

28.) How would you rate your overall energy?

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

29.) 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

30.) 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

31.) 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

32.) 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

33.) 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

34.) 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


35.) How often do you feel tense?

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

36.) 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 #36, **COMPLETE QUESTION #37**

If you did **NOT** answer **C)** to question #36, **SKIP TO NEXT PAGE.** 

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

_____ Percent

(PLEASE CONTINUE TO THE NEXT PAGE)

