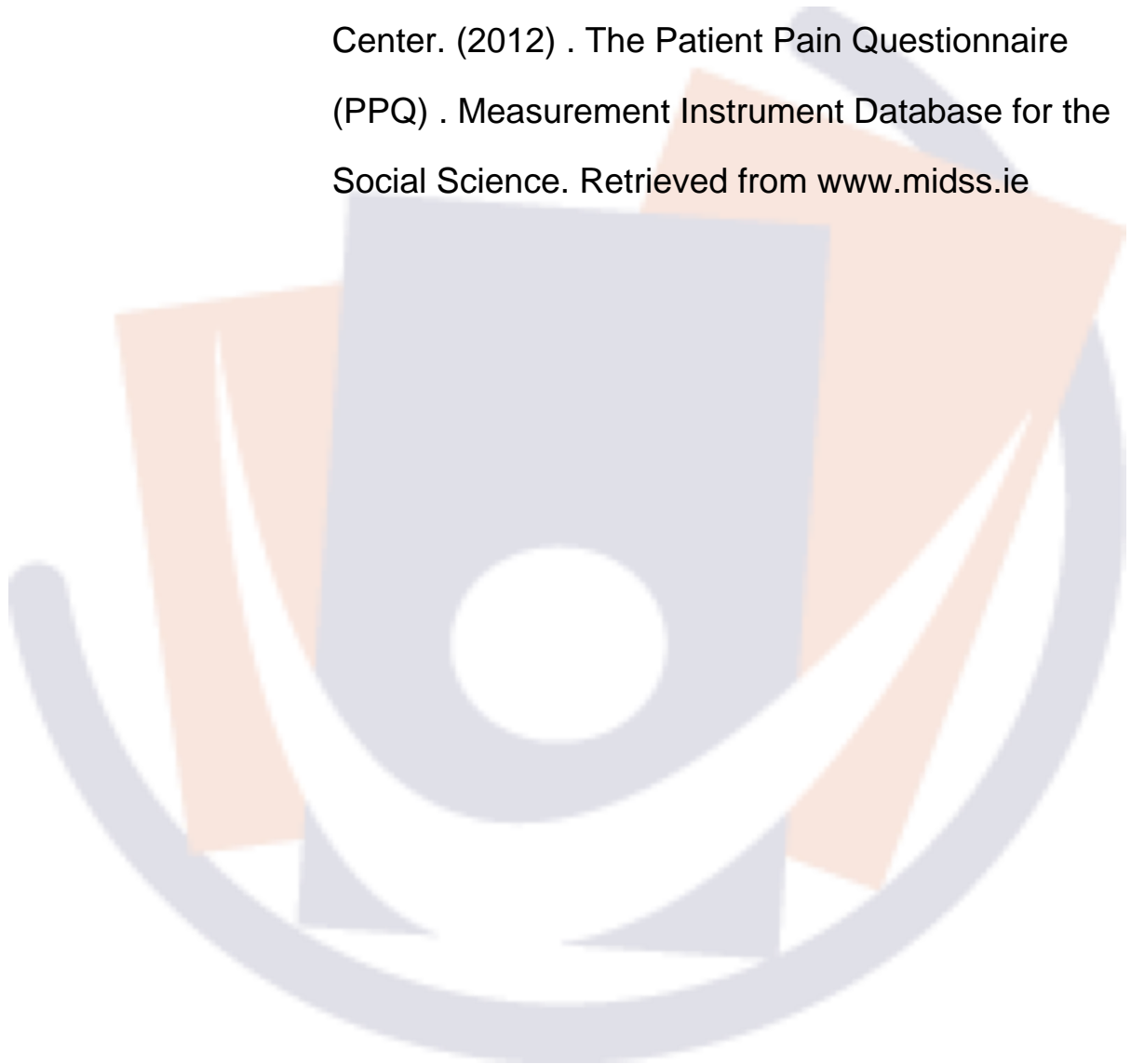


Instrument Title: The Patient Pain Questionnaire (PPQ)

Instrument Author: The City of Hope Pain & Palliative Care Resource Center

Cite instrument as: The City of Hope Pain & Palliative Care Resource Center. (2012) . The Patient Pain Questionnaire (PPQ) . Measurement Instrument Database for the Social Science. Retrieved from www.midss.ie





Patient Pain Questionnaire

Dear Colleague,

The Patient Pain Questionnaire (PPQ) is a sixteen item ordinal scale that measures the Knowledge and Experience of a patient in managing chronic cancer pain. This tool can be useful in clinical practice as well as for research. This instrument can be administered by mail or in person.

Directions: The patient is asked to read each question thoroughly and decide if he/she agrees with the statement or disagrees. The patient is then asked to circle a number to indicate the degree to which he/she agrees or disagrees with the statement according to the word anchors on each end of the scale.

The PPQ includes 9 items that measure knowledge about pain and 7 items that measure the patient's experience with pain. All of the items have been formatted such that 0 = the most positive outcome and 10 = the most negative outcome. We have found it most helpful to analyze the data by focusing on the subscales as well as the individual items as each item has important implications.

You are welcome to use this instrument in your research/clinical practice to gain information about patient knowledge and experience to formulate or evaluate pain management programs. You have permission to duplicate this tool.

This tool is used in conjunction with a version created for use by family caregivers, the Family Pain Questionnaire (FPQ). The PPQ tool has been tested with established reliability and validity. A series of psychometric analyses were performed on the PPQ instrument including content validity (CVI = .95), test-retest reliability ($r = .65$), internal consistency ($\alpha = .74$), and factor analysis established with caregivers (N=219).

Good luck with your research!!

A handwritten signature in black ink that reads "Betty R. Ferrell PhD, FAAN".

Betty R. Ferrell, RN, PhD, FAAN
Research Scientist

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Patient Pain Questionnaire (P.P.Q.)

Below are a number of statements about cancer pain and pain relief. Please circle a number on the line to indicate your response.

Knowledge

1. Cancer pain can be effectively relieved.

agree 0 1 2 3 4 5 6 7 8 9 10 **disagree**

2. Pain medicines should be given only when pain is severe.

disagree 0 1 2 3 4 5 6 7 8 9 10 **agree**

3. Most cancer patients on pain medicines will become addicted to the medicines over time.

disagree 0 1 2 3 4 5 6 7 8 9 10 **agree**

4. It is important to give the lowest amount of medicine possible to save larger doses for later when the pain is worse.

disagree 0 1 2 3 4 5 6 7 8 9 10 **agree**

5. It is better to give pain medications around the clock (on a schedule) rather than only when needed.

agree 0 1 2 3 4 5 6 7 8 9 10 **disagree**

6. Treatments other than medications (such as massage, heat, relaxation) can be effective for relieving pain.

agree 0 1 2 3 4 5 6 7 8 9 10 **disagree**

7. Pain medicines can be dangerous and can often interfere with breathing.

disagree 0 1 2 3 4 5 6 7 8 9 10 **agree**

8. Patients are often given too much pain medicine.

disagree 0 1 2 3 4 5 6 7 8 9 10 **agree**

9. If pain is worse, the cancer must be getting worse.

disagree 0 1 2 3 4 5 6 7 8 9 10 **agree**

Experience

10. Over the past week, how much pain have you had?

no pain 0 1 2 3 4 5 6 7 8 9 10 **a great deal**

11. How much pain are you having now?

no pain 0 1 2 3 4 5 6 7 8 9 10 **a great deal**

12. How much pain relief are you currently receiving?

a great deal 0 1 2 3 4 5 6 7 8 9 10 **no relief**

13. How distressing is the pain to you?

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

14. How distressing is your pain to your family members?

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

15. To what extent do you feel you are able to control your pain?

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

16. What do you expect will happen with your pain in the future?

**pain will
get better** 0 1 2 3 4 5 6 7 8 9 10 **pain will
get worse**

Cuestionario Sobre el Dolor del Paciente (sigla en inglés: P.P.Q.)

A continuación se encuentran un número de afirmaciones sobre el dolor ocasionado por el cáncer y su alivio. Favor de marcar uno de los números en el renglón con un círculo para indicar su respuesta.

Conocimiento

1. El dolor del cáncer puede aliviarse efectivamente.

Estoy de acuerdo	0	1	2	3	4	5	6	7	8	9	10	No estoy de acuerdo
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2. Las medicinas para aliviar el dolor se deben de dar únicamente cuando el dolor sea severo.

No estoy de acuerdo	0	1	2	3	4	5	6	7	8	9	10	Estoy de acuerdo
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3. La mayoría de los pacientes con cáncer que toman medicamentos para aliviar el dolor a la larga quedarán adictos a los medicamentos.

No estoy de acuerdo	0	1	2	3	4	5	6	7	8	9	10	Estoy de acuerdo
----------------------------	---	---	---	---	---	---	---	---	---	---	----	-------------------------

4. Es importante dar la menor cantidad posible de la medicina con fines de guardar la las las dosis más altas para cuando empeore el dolor en un futuro.

No estoy de acuerdo	0	1	2	3	4	5	6	7	8	9	10	Estoy de acuerdo
----------------------------	---	---	---	---	---	---	---	---	---	---	----	-------------------------

5. Es preferible dar los medicamentos para aliviar el dolor a base continua (según un horario) en vez de sólo cuando estos sean necesarios.

Estoy de acuerdo	0	1	2	3	4	5	6	7	8	9	10	No estoy de acuerdo
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6. Otros tratamientos ademas de los medicamentos (tales como masajes, tratamientos de calor, relajación) pueden ser eficaces para aliviar el dolor.

Estoy de acuerdo	0	1	2	3	4	5	6	7	8	9	10	No estoy de acuerdo
-------------------------	---	---	---	---	---	---	---	---	---	---	----	----------------------------

7. Los medicamentos contra el dolor pueden ser peligrosos y con frecuencia pueden interferir con la respiración.

No estoy de acuerdo	0	1	2	3	4	5	6	7	8	9	10	Estoy de acuerdo
----------------------------	---	---	---	---	---	---	---	---	---	---	----	-------------------------

8. A los pacientes con frecuencia les dan demasiados medicamentos para aliviar el dolor.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

9. Si el dolor empeora, el cáncer deberá estar empeorando.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

Experiencia

10. Durante esta última semana, ¿cuánto dolor ha tenido?

Ningun dolor 0 1 2 3 4 5 6 7 8 9 10 **Muchisimo dolor**

11. ¿Cuánto dolor está sufriendo/padeciendo en la actualidad?

Ningun dolor 0 1 2 3 4 5 6 7 8 9 10 **Muchisimo dolor**

12. ¿Cuánto alivio al dolor está recibiendo en la actualidad?

Mucho alivio 0 1 2 3 4 5 6 7 8 9 10 **Ningun alivio**

13. ¿Cuánta aflicción/angustia le causa el dolor?

Nada en lo absoluto 0 1 2 3 4 5 6 7 8 9 10 **Muchisima**

14. ¿Cuánta aflicción/angustia le causa su dolor a los miembros de su familia?

Nada en lo absoluto 0 1 2 3 4 5 6 7 8 9 10 **Muchisima**

15. ¿Hasta qué punto estima usted que le es posible controlar su dolor?

Muchisima 0 1 2 3 4 5 6 7 8 9 10 **Nada en lo absoluto**

16. ¿Qué piensa usted pasara con su dolor en un futuro?

El dolor mejorara 0 1 2 3 4 5 6 7 8 9 10 **El dolor empeorara**