|  |
| --- |
| **Pain Update** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family name (surname):** | | | | | | | | | | **Given name(s):** | | | | | | | | | | | **Today’s date:**  \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | |
| In the past week, on average, how would you rate your pain? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 0 | | 1 | | 2 | | 3 | | | | 4 | | 5 | | | 6 | | 7 | | 8 | | | | 9 | 10 |  |
| No pain | |  | |  | |  | |  | | | |  | |  |  | |  | |  | | |  | | | Pain as bad as you can imagine | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In the past week, how much has pain has interfered with your **daily activities?** | | | | | | | | | | | | | | | | | | |
|  | 0 | 1 | | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | | 10 | |  | |
| Does not interfere | | |  | | | | | | | | | | | | | Completely interferes | | |
| How much has each statement below applied to you over the past week? | | | | | | | | | Not at  all | | | To some degree, or some of the time | | To a considerable degree, or a good part of the time | | | | Very much, or most of the time |
| I was aware of dryness of my mouth | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| I felt that I had nothing to look forward to | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| I felt I was close to panic | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| I was unable to become enthusiastic about anything | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| I felt I wasn’t worth much as a person | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |
| I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) | | | | | | | | | 0 | | | 1 | | 2 | | | | 3 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please rate how confident you are that you can do the following things at present **despite the pain**. | | | | | | | | | | | | | | | | |
| I can do some form of work, despite the pain (“work” includes housework, paid and unpaid work) | | 0 | | 1 | | 2 | | 3 | | | 4 | | | 5 | | 6 |
| Not at all  confident | | | | | | | Completely  confident | | | | | | | |
| I can live a normal lifestyle, despite the pain | | 0 | | 1 | | 2 | | 3 | | | 4 | | | 5 | | 6 |
| Not at all  confident | | | | | | | Completely  confident | | | | | | | |
| Please indicate the degree to which you have these thoughts and feelings when you are experiencing pain | | | Not at all | | To a slight degree | | To a moderate degree | | | | | | To a great degree | | All the time | |
| It’s terrible and I think it’s never going to get any better | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| I become afraid that the pain will get worse | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| I can’t seem to keep it out of my mind | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| I keep thinking about how badly I want the pain to stop | | | 0 | | 1 | | 2 | | | | | 3 | | | 4 | |
| How many hours of paid work did you do in the last week? | | | | | | | | | | …………………..hours | | | | | | |
| How many times in the last **3 months** have you **….** | | | | | | | | | | | | | | | | |
| …. visited a hospital emergency department because of your pain? | | | | | | | | | | …………………. times | | | | | | |
| …. been admitted to hospital as an inpatient because of your pain | | | | | | | | | | …………………. times | | | | | | |
| Please list all of the medications you are taking (include all prescription and over-the-counter medicines | | | | | | | | | | | | | | | | |
| **Medicine name**  **(as on the label)** | **Medicine strength**  **(as on the label)** | | | | **How many do you take per day?** | | | | | | | **How many days per week do you take this medication?** | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |

Published Oct 2017. ACI/D23/899 © State of NSW (Agency for Clinical Innovation)