

## INSTRUCTIONS FOR USE

This tool was designed to standardize a comprehensive psychosocial pain assessment for an interdisciplinary pain service. Through the use of a guided interview process, the clinician explores the impact of unrelieved pain on the patient/family experience in the following five domains: Economic, Social Support, Activities of Daily Living, Emotional Impact, and Coping Style.

Page 1 is designed to provide a synopsis of the patient/family situation for clinical reference and for presentation at an interdisciplinary pain meeting. It includes the interviewer's impressions, interventions and recommendations as well as a summary of the key domains and associated level of concern.

Pages 2-7 contain questions regarding the five domains listed above. Following the questions in each domain is the opportunity for the patient and family (significant other) to rate their individual level of concern via a 0-10 rating scale (0 = no concern; 10 = greatest concern). Based upon his/her interpretation of the interview, the interviewer rates his/her subjective impressions of the patient's level of concern. If a family member or significant other is present, his/her rating is then asked and finally the patient's rating is obtained. Coherence and discrepancies in ratings between the interviewer, patient and family are noted and may then be explored for clinical significance.

Additionally, the assessment of prior history (including traumas such as physical and sexual abuse or unresolved losses) helps a clinician to focus interventions that respect past difficulties as well as past strengths and coping skills that may be transferable to the current pain experience.

This assessment tool is available in English and in two Spanish versions (children/adolescents and adults). Contact Shirley Otis-Green, MSW, LCSW ([sotis-green@coh.org](mailto:sotis-green@coh.org)) with any questions regarding usage.



**PSYCHOSOCIAL PAIN ASSESSMENT FORM**

**Psychosocial Pain Assessment Form**

Patient: \_\_\_\_\_ Age: \_\_\_\_ Date: \_\_\_\_\_

Med. Record #: \_\_\_\_\_ Significant Other: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Primary Physician: \_\_\_\_\_

Pain Syndrome: \_\_\_\_\_

Duration of Pain: \_\_\_\_\_ Assessed by: \_\_\_\_\_

*Please circle appropriate descriptors.*

- |                                |             |                 |          |              |               |
|--------------------------------|-------------|-----------------|----------|--------------|---------------|
| 1. <b>Build:</b>               | Cachectic   | Thin            | Medium   | Heavy        | Obese         |
| 2. <b>Attire:</b>              | Disheveled  | Hospitalized    | Casual   | Professional |               |
| 3. <b>Eye Contact:</b>         | Avoided     | Appropriate     | Stared   |              |               |
| 4. <b>Attention:</b>           | Distracted  | <----- ----->   |          |              | Hypervigilant |
|                                |             | Focused         |          |              |               |
| 5. <b>Manner:</b>              | Flat        | Depressed       | Distant  | Cooperation  |               |
|                                | Engaging    | Humorous        | Dramatic | Agitated     |               |
|                                | Anxious     | Tearful         | Sobbing  | Defensive    |               |
|                                | Sarcastic   | Argumentative   | Angry    | Hostile      |               |
| 6. <b>Verbal Expression:</b>   | Terse       | Vague           | Average  | Articulate   |               |
|                                | Verbose     |                 |          |              |               |
| 7. <b>Reasoning Ability:</b>   | Impaired    | Age-Appropriate | Advanced |              |               |
| 8. <b>Overall Perspective:</b> | Pessimistic | <----->         |          |              | Optimistic    |
|                                | Unrealistic | <----->         |          |              | Realistic     |

9. **Impressions:**

\_\_\_\_\_

\_\_\_\_\_

10. **Interventions:**

\_\_\_\_\_

\_\_\_\_\_

11. **Recommendations:**

\_\_\_\_\_

\_\_\_\_\_

**Rating (0-10)**

(0 = no concern, 10 = greatest concern)

	<b>Interviewer</b>	<b>Patient</b>	<b>Significant Other</b>
<b>Economic</b>	_____	_____	_____
<b>Social Support</b>	_____	_____	_____
<b>Activities of daily living</b>	_____	_____	_____
<b>Emotional</b>	_____	_____	_____
<b>Coping</b>	_____	_____	_____

**Introduction**

We recognize that people are often concerned about the impact of pain on many areas of their lives. Unrelieved pain can cause economic, emotional, spiritual and social problems in addition to medical and physical ones. We will be looking at the overall impact of pain in your life and asking several questions to help the Pain Team better understand your personal concerns. The first area we will be addressing is the economic impact of your pain.

**Economic**

1. How are you supporting yourself financially?

Work \_\_\_\_\_ Family \_\_\_\_\_ Disability \_\_\_\_\_  
 Partner \_\_\_\_\_ Retirement/Pensions \_\_\_\_\_ Other \_\_\_\_\_  
 Friends \_\_\_\_\_ Savings \_\_\_\_\_

2. Some people we see are concerned about meeting their economic needs.

Which of these are worrisome to you?

**None** \_\_\_\_\_

Housing \_\_\_\_\_ Clothing \_\_\_\_\_ Prescriptions \_\_\_\_\_  
 Food \_\_\_\_\_ Childcare \_\_\_\_\_ Insurance \_\_\_\_\_  
 Transportation \_\_\_\_\_ Medical bills \_\_\_\_\_ Other \_\_\_\_\_

3. How has your economic situation changed? **Better** \_\_\_\_\_ **Worse** \_\_\_\_\_

*Describe:*

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4. How upsetting have these changes been to you?

*Describe:*

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5. What would be different in your life if you could afford to change it?

*Describe:*

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6. Please rate your overall level of concern regarding these economic issues.

**Rating (0-10)**

(0 = no concern, 10 = greatest concern)

	<b>Interviewer</b>	<b>Patient</b>	<b>Significant Other</b>
<b>Economic</b>	_____	_____	_____

**Social Support**

We believe that pain affects not just you, but your entire family. We'd like to look at ways in which you've noticed this impact.

1. Who do you turn to when you're uncomfortable or in pain?

**Self** \_\_\_\_\_ **Others** \_\_\_\_\_ **God** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How accessible is this person to you? \_\_\_\_\_

How helpful is this to you? \_\_\_\_\_

2. How comfortable are you sharing your feelings/fears with your loved ones?

What makes this difficult for you?

*Describe:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. How satisfied are you with communication with your doctor/medical team?

*Describe:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Losing people who are important to us affects us deeply. Have you suffered any recent losses?

**Yes** \_\_\_ **No** \_\_\_

*Describe:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Breaking up \_\_\_\_\_ Separation \_\_\_\_\_ Divorce \_\_\_\_\_

Death \_\_\_\_\_ Moving away \_\_\_\_\_ Other \_\_\_\_\_

5. Please rate your overall level of concern regarding these social support issues.

**Rating (0-10)**

(0 = no concern, 10 = greatest concern)

	<b>Interviewer</b>	<b>Patient</b>	<b>Significant Other</b>
<b>Social Support</b>	_____	_____	_____

**PSYCHOSOCIAL PAIN ASSESSMENT FORM**

**Activities of Daily Living**

***Physical Impact***

Often unrelieved pain affects a person's daily routine. How has your pain impacted you in these activities of daily living?

1. Affecting your sleeping patterns? **Yes** \_\_\_\_ **No** \_\_\_\_  
 Frequent napping \_\_\_\_ Difficulty going to sleep \_\_\_\_  
 Nightmares \_\_\_\_ Difficulty staying asleep \_\_\_\_  
 Drowsiness \_\_\_\_ Difficulty waking up \_\_\_\_  
 Chronic Fatigue \_\_\_\_ Other \_\_\_\_
2. Affecting your eating habits? **Yes** \_\_\_\_ **No** \_\_\_\_  
 Weight loss/gain \_\_\_\_ Special Diet \_\_\_\_  
 Loss of appetite \_\_\_\_ Feeding Tube \_\_\_\_  
 Nausea/vomiting \_\_\_\_ Difficulty swallowing \_\_\_\_  
 Changes in taste \_\_\_\_ Other \_\_\_\_
3. Affecting your hygiene/elimination habits? **Yes** \_\_\_\_ **No** \_\_\_\_  
 Diarrhea \_\_\_\_ Constipation \_\_\_\_  
 Catheter \_\_\_\_ Ostomy \_\_\_\_  
 Difficulty Grooming \_\_\_\_ Incontinence \_\_\_\_  
 Difficulty Bathing \_\_\_\_ Other \_\_\_\_
4. Affecting your ability to move? **Yes** \_\_\_\_ **No** \_\_\_\_  
 Generalized weakness \_\_\_\_ Limited range of motion \_\_\_\_  
 Bed bound \_\_\_\_ Wheel chair \_\_\_\_  
 Crutches/walker/cane \_\_\_\_ Walking/standing \_\_\_\_  
 Getting in/out of car \_\_\_\_ Climbing stairs \_\_\_\_  
 Lifting/carrying \_\_\_\_ Other \_\_\_\_  
 No longer athletic \_\_\_\_ S.O.B. \_\_\_\_
5. Affecting your roles in your family? **Yes** \_\_\_\_ **No** \_\_\_\_  
*In what ways?*  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Affecting your sexual functioning? **Yes** \_\_\_\_ **No** \_\_\_\_  
*In what ways?*  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Affecting your physical appearance? **Yes** \_\_\_\_ **No** \_\_\_\_  
*In what ways?*  
 \_\_\_\_\_  
 \_\_\_\_\_

8. How has your energy level changed? Less \_\_\_\_\_ Same \_\_\_\_\_ Improved \_\_\_\_\_

9. Please rate your overall level of concern regarding these physical changes.

**Rating (0-10)** (0 = no concern, 10 = greatest concern)

	<b>Interviewer</b>	<b>Patient</b>	<b>Significant Other</b>
<b>Activities of daily living</b>	_____	_____	_____

**PSYCHOSOCIAL PAIN ASSESSMENT FORM**

**Emotional**

Pain affects our emotions. These questions will help us better understand your pain's impact upon you emotionally.

1. Have you been troubled by feelings of:

Depression **Yes** \_\_\_ **No** \_\_\_ Describe: \_\_\_\_\_

Frustration/Anger **Yes** \_\_\_ **No** \_\_\_ Describe: \_\_\_\_\_

Anxiety **Yes** \_\_\_ **No** \_\_\_ Describe: \_\_\_\_\_

Panic Attacks **Yes** \_\_\_ **No** \_\_\_ Describe: \_\_\_\_\_

Mood Swings **Yes** \_\_\_ **No** \_\_\_ Describe: \_\_\_\_\_

Difficulty Concentrating **Yes** \_\_\_ **No** \_\_\_ Describe: \_\_\_\_\_

Loss of Motivation **Yes** \_\_\_ **No** \_\_\_ Describe: \_\_\_\_\_

2. Do you ever see or hear things that others don't? **Yes** \_\_\_ **No** \_\_\_

*Describe:*

\_\_\_\_\_  
\_\_\_\_\_

3. Are there any medical tests or procedures that frighten you? **Yes** \_\_\_ **No** \_\_\_

*Describe:*

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever thought about hurting yourself or taking your life? **Yes** \_\_\_ **No** \_\_\_

*Describe:*

\_\_\_\_\_  
\_\_\_\_\_

5. Please rate your overall level of concern regarding these emotional issues.

**Rating (0-10)**

(0 = no concern, 10 = greatest concern)

**Emotional issues**

**Interviewer**  
\_\_\_\_\_

**Patient**  
\_\_\_\_\_

**Significant Other**  
\_\_\_\_\_

PSYCHOSOCIAL PAIN ASSESSMENT FORM

**Coping**

People handle pain and distress in many ways. These questions will help us to better understand how you cope with upsetting situations.

- 1. Sometimes, doing things we enjoy distracts us from our pain. What activities are you able to do that you enjoy?

None \_\_\_\_\_

Family \_\_\_\_\_ Friends \_\_\_\_\_ Hobbies \_\_\_\_\_ Reading \_\_\_\_\_

Religion \_\_\_\_\_ Gardening \_\_\_\_\_ Traveling \_\_\_\_\_ Exercise \_\_\_\_\_

Art/Music \_\_\_\_\_ TV \_\_\_\_\_ Pets \_\_\_\_\_ Other: \_\_\_\_\_

- 2. Some people find comfort in spirituality to help them cope with difficult situations. What role does spirituality have in helping you?

Describe:

\_\_\_\_\_

\_\_\_\_\_

- 3. Many people in your situation ask "Why did this happen to me?" How have you attempted to "make sense" of your painful experiences?

Describe:

\_\_\_\_\_

\_\_\_\_\_

- 4. Past stressful events can impact us in the present. What kinds of stress have you had to handle before? Describe:

\_\_\_\_\_

\_\_\_\_\_

Child abuse? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

Sexual abuse? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

Family violence? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

- 5. Some people find that counseling sessions or attending support groups can help them cope with stressful situations.

Have you ever been in counseling? Yes \_\_\_ No \_\_\_ What was the focus of your therapy? \_\_\_\_\_

Have you ever attended a support group? Yes \_\_\_ No \_\_\_ What kind? \_\_\_\_\_

How helpful was this?

\_\_\_\_\_

- 6. Some people are prescribed medications to help them cope. Which of these have you been prescribed?

None \_\_\_\_\_

Other: \_\_\_\_\_

Anti-Anxiety medications? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

Anti-Depressant medications? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

Pain Medications? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

Do you ever take your prescriptions differently than ordered? Yes \_\_\_ No \_\_\_

Describe: \_\_\_\_\_

**PSYCHOSOCIAL PAIN ASSESSMENT FORM**

**Coping** continued

7. Some people use other chemicals to help them cope. Which of these do you use?

Tobacco? **Yes** \_\_\_ **No** \_\_\_ *Describe:* \_\_\_\_\_

Alcohol? **Yes** \_\_\_ **No** \_\_\_ *Describe:* \_\_\_\_\_

Recreational Drugs? **Yes** \_\_\_ **No** \_\_\_ *Describe:* \_\_\_\_\_

Have you ever tried to stop using these? **Yes** \_\_\_ **No** \_\_\_ *Describe:* \_\_\_\_\_

Do you worry about your usage of these? **Yes** \_\_\_ **No** \_\_\_ *Describe:* \_\_\_\_\_

Has your family worried about your usage of these? **Yes** \_\_\_ **No** \_\_\_ *Describe:* \_\_\_\_\_

8. What changes do you expect in your future?

*Describe:* \_\_\_\_\_

9. Overall, how satisfied are you with your present quality of life?

*Describe:* \_\_\_\_\_

10. Please rate your overall level of concern regarding your ability to cope or manage your pain.

**Rating (0-10)**

(0= no concern, 10 = greatest concern)

**Interviewer**

**Patient**

**Significant Other**

**Coping**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Publications**

Otis-Green, S. (2006). Psychosocial Pain Assessment Form. In Dow (Ed.), Nursing Care of Women with Cancer. St. Louis, MO: Elsevier Mosby, 556-561.

Otis-Green, S. (2005). Psychosocial Pain Assessment Form. In Kuebler, Davis, Moore (Eds.), Palliative Practices: An Interdisciplinary Approach. St. Louis, MO: Elsevier Mosby, 462-467.

**The Psychosocial Pain Assessment Form can be found on the  
City of Hope Pain/Palliative Resource Center website at**

<http://prc.coh.org/pdf/PSPAF.pdf> (English)

<http://prc.coh.org/pdf/PSPAF-Adultos.pdf> (Spanish - Adults)

<http://prc.coh.org/pdf/PSPAF-Ninos.pdf> (Spanish - Children/Adolescents)