

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 domains: Economic, Social Support, Activities of Daily Living, Emotional Impact, and Coping Style.

Page 2 is designed to provide a synopsis of the patient/family situation. It is designed to be completed following the guided interview as a summary for clinical reference and to aid in a brief presentation for 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 3-8 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 their interpretation of the interview, the interviewer rates their subjective impressions of the patient's level of concern. If a family member or significant other is present, their rating is then asked and finally the patient's rating. Coherence and discrepancies in ratings amongst the interviewer, patient and family are noted and may 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, LCSW (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. Build: | Cachectic | Thin | Medium | Heavy | Obese |
| 2. Attire: | Disheveled | Hospitalized | Casual | Professional | |
| 3. Eye Contact: | Avoided | Appropriate | Stared | | |
| 4. Attention: | Distracted | <----- -----> | | | Hypervigilant |
| | | Focused | | | |
| 5. Manner: | Flat | Depressed | Distant | Cooperation | |
| | Engaging | Humorous | Dramatic | Agitated | |
| | Anxious | Tearful | Sobbing | Defensive | |
| | Sarcastic | Argumentative | Angry | Hostile | |
| 6. Verbal Expression: | Terse | Vague | Average | Articulate | |
| | Verbose | | | | |
| 7. Reasoning Ability: | Impaired | Age-Appropriate | Advanced | | |
| 8. Overall Perspective: | Pessimistic | <-----> | | | Optimistic |
| | Unrealistic | <-----> | | | Realistic |
| 9. Impressions: | _____ | | | | |
| | _____ | | | | |

10. Interventions:

11. Recommendations:

Rating (0-10)

(0 = no concern, 10 = greatest concern)

	Interviewer	Patient	Significant Other
Economic	_____	_____	_____
Social Support	_____	_____	_____
Activities of daily living	_____	_____	_____
Emotional	_____	_____	_____
Coping	_____	_____	_____

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:

4. How upsetting have these changes been to you?

Describe:

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

Describe: _____

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

Rating (0-10)

(0 = no concern, 10 = greatest concern)

	Interviewer	Patient	Significant Other
Economic	_____	_____	_____

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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)

Social Support Interviewer Patient Significant Other

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)

	Interviewer	Patient	Significant Other
Activities of daily living	_____	_____	_____

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)

	Interviewer	Patient	Significant Other
Emotional issues	_____	_____	_____

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://www.cityofhope.org/prc/pain_assessment.asp (English)

<http://www.cityofhope.org/prc/pdf/Forma%20%20Adultos%20PS.pdf> (Spanish - Adults)

<http://www.cityofhope.org/prc/pdf/Formulario%20Ninos.pdf> (Spanish - Children/Adolescents)