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) with any questions regarding usage.
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 <---------------------I------------------------> Hypervigilant

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)

<table>
<thead>
<tr>
<th>Economic</th>
<th>Interviewer</th>
<th>Patient</th>
<th>Significant Other</th>
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<tbody>
<tr>
<td>Social Support</td>
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<td>Activities of daily living</td>
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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  ____________  ____________  ________________
# 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?

<table>
<thead>
<tr>
<th>Self</th>
<th>Others</th>
<th>God</th>
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</table>

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:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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<tr>
<th>Breaking up</th>
<th>Separation</th>
<th>Divorce</th>
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</thead>
<tbody>
<tr>
<td>Death</td>
<td>Moving away</td>
<td>Other</td>
</tr>
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</table>

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

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<thead>
<tr>
<th>Rating (0-10)</th>
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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 _____
   - Nightmares _____
   - Drowsiness _____
   - Chronic Fatigue _____
   - Difficulty going to sleep _____
   - Difficulty staying asleep _____
   - Difficulty waking up _____
   - Other _____

2. Affecting your eating habits? Yes ____  No ____
   - Weight loss/gain _____
   - Loss of appetite _____
   - Nausea/vomiting _____
   - Changes in taste _____
   - Special Diet _____
   - Feeding Tube _____
   - Difficulty swallowing _____
   - Other _____

3. Affecting your hygiene/elimination habits? Yes ____  No ____
   - Diarrhea _____
   - Catheter _____
   - Difficulty Grooming _____
   - Difficulty Bathing _____
   - Constipation _____
   - Ostomy _____
   - Incontinence _____
   - Other _____

4. Affecting your ability to move? Yes ____  No ____
   - Generalized weakness _____
   - Bed bound _____
   - Crutches/walker/cane _____
   - Getting in/out of car _____
   - Lifting/carrying _____
   - Wheel chair _____
   - Walking/standing _____
   - Climbing stairs _____
   - Other _____
   - No longer athletic _____
   - S.O.B. _____

5. Affecting your role/s 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)

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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
   __________________  __________   _______________
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: ____________________________
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)

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Developed by: Shirley-Otis-Green, MSW, LCSW
City of Hope National Medical Center

Publications


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)