

DAILY LIFE QUESTIONNAIRE

1. In general, would you say your overall health is?

1. Excellent 2. Very good 3. Good 4. Fair 5. Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, rate each one using the following scale.

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, riding a bike, playing golf, etc.

1. Yes, limited a lot 2. Yes, limited a little 3. No, not at all

3. Climbing several flights of stairs.

1. Yes, limited a lot 2. Yes, limited a little 3. No, not at all

During the past 4 weeks have you had any one of the following problems with your work or other regular daily activities as a result of your physical health?

4. Accomplished less than you would like? 1. Yes 2. No

5. Were limited in the kind of work or other activities? 1. Yes 2. No

Overall during the past 4 weeks have you had any of the following problems with your work or other regularly daily activities as a result of any emotional problems (such as feeling anxious or tense?)

6. Accomplished less than you would like? 1. Yes 2. No

7. Did not do work as carefully as usual? 1. Yes 2. No

8. Overall, during the past 4 weeks how much did pain interfere with your normal work (including both inside and outside the home and housework):

1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely

Now please rate how things have been during the past 4 weeks. For each question please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

1. All 2. Most 3. A good bit 4. A little 5. None
.....OF THE TIME.....

9. Have you felt calm and peaceful?

10. Did you have a lot of energy?

11. Have you felt downhearted and blue?

12. During the past 4 weeks, how much of the time has your physical or emotional problems interfered with your social activities (e.g., visiting with friends, relatives, etc).

1. All of the time 2. Most of the time 3. A good bit of the time 4. A little 5. None

COPING TECHNIQUES FOR MANAGING PAIN / MEDICAL CONDITION

In the last 7 days on how many days did you do the following to manage your pain / medical condition?

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|
| 1. | Distract self by getting active in something else | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | Relaxation tapes, self-hypnosis, biofeedback for at least 15 minutes | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | Stretching program (at least for 10 minutes) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | Exercise (for at least 30 minutes, e.g., walking, back strengthening) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

5. How helpful were these or other techniques (other than medicine) in managing your pain?

Not helpful

Very helpful

1 2 3 4 5 6 7 8 9 10

ABBREVIATED MPI QUESTIONNAIRE

Please circle a number that describes how that specific question applies to you.

- | | | | | | | | | |
|-----|---|--|--|--|--|--|----------------------|--|
| 1. | What is your level of pain at the <u>present moment</u> ? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | No pain | | | | | | Very intense pain | |
| 2. | On average, how severe has your pain been <u>in the past week</u> ? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | Not at all | | | | | | Extremely severe | |
| 3. | How much has pain changed the amount of satisfaction or enjoyment you get from taking part in social and recreational activities? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | No change | | | | | | Extreme change | |
| 4. | How much has pain changed your ability to participate in social and recreational activities? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | No change | | | | | | Extreme change | |
| 5. | During the past week, how tense or anxious have you been? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | Not at all | | | | | | Extremely tense | |
| 6. | During the past week, how irritable have you been? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | Not at all | | | | | | Extremely irritable | |
| 7. | During the past week, how well do you feel you have been able to deal with your problems? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | Not at all | | | | | | Extremely well | |
| 8. | During the past week, how successful were you in coping with stressful situations in your life? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | Not at all | | | | | | Extremely successful | |
| 9. | During the past week, how discouraged or hopeless have you felt? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | Not at all | | | | | | Very hopeless | |
| 10. | During the past week, how interested have you been in other people or activities? | | | | | | | |
| | 0 1 2 3 4 5 6 | | | | | | | |
| | Very interested | | | | | | Very poor interest | |

Within the past month, Monday through Friday:

- How many hours a day resting or reclining due to your pain or medical problem between 8:00 AM and 8:00 PM? _____
- How many hours a day are you active or productive a day between 8:00 AM and 8:00 PM? _____

