

## ***Appendix 34 – VA – Pain Outcomes Questionnaire – Short Form***

The Pain Outcomes Questionnaire-Short Form (POQ-SF) is a 20-item inventory. There are 19 primary pain items rated on a 11point (0-10) Likert-type scale and one demographical question. These 19 items are identical to those found in the longer and original version of the instrument, the POQ-VA. The present briefer form of this questionnaire excludes a number of items relating to such things as patient history, opioid use, treatment satisfaction, and other demographics. Its original purpose was to function as a multi-dimensional measure of pain in veterans to keep pace with the emergence of the biopsychosocial model of pain. It has proven to be a reliable, valid, and robust measure of the diverse cluster of symptoms associated with pain.

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**Patient Name:** \_\_\_\_\_ **Patient ID #:** \_\_\_\_\_

1.) Enter today's date (MM/DD/YY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2.)	On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst possible pain, how would you rate your pain on the <b>AVERAGE</b> during the <b>LAST WEEK?</b>	Worst possible pain
	No pain at all      0    1    2    3    4    5    6    7    9    10	
3.)	Does your pain interfere with your ability to walk?	All the time
	Not at all      0    1    2    3    4    5    6    7    9    10	
4.)	Does your pain interfere with your ability to carry/handle everyday objects such as a bag of groceries or books?	All the time
	Not at all      0    1    2    3    4    5    6    7    9    10	
5.)	Does your pain interfere with your ability to climb stairs?	All the time
	Not at all      0    1    2    3    4    5    6    7    9    10	
6.)	Does your pain require you to use a cane, walker, wheelchair or other devices?	All the time
	Not at all      0    1    2    3    4    5    6    7    9    10	
7.)	Does your pain interfere with your ability to bathe yourself?	All the time
	No pain at all      0    1    2    3    4    5    6    7    9    10	
8.)	Does your pain interfere with your ability to dress yourself?	All the time
	Not at all      0    1    2    3    4    5    6    7    9    10	
9.)	Does your pain interfere with your ability to use the bathroom?	All the time
	Not at all      0    1    2    3    4    5    6    7    9    10	

**VA – Pain Outcomes Questionnaire – Short Form - Continued**

10.) Does your pain interfere with your ability to manage your personal grooming (for example, combing your hair, brushing your teeth, etc.)?	Not at all	0	1	2	3	4	5	6	7	9	10	All the time
11.) Does your pain affect your self-esteem or self-worth?	Not at all	0	1	2	3	4	5	6	7	9	10	All the time
12.) How would you rate your physical activity?	Significant limitation in basic activities	0	1	2	3	4	5	6	7	9	10	Can perform vigorous activities with no limitations
13.) How would you rate your overall energy?	Totally worn out	0	1	2	3	4	5	6	7	9	10	Most energy ever
14.) How would you rate your strength and endurance <b>TODAY</b> ?	Very poor strength and endurance	0	1	2	3	4	5	6	7	9	10	Very high strength and endurance
15.) How would you rate your feelings of depression <b>TODAY</b> ?	Not depressed at all	0	1	2	3	4	5	6	7	9	10	Extremely depressed
16.) How would you rate your feelings of anxiety <b>TODAY</b> ?	Not anxious at all	0	1	2	3	4	5	6	7	9	10	Extremely anxious
17.) How much do you worry about re-injuring yourself if you are more active?	Not at all	0	1	2	3	4	5	6	7	9	10	All the time
18.) How safe do you think it is for you to exercise?	Not safe at all	0	1	2	3	4	5	6	7	9	10	Extremely safe
19.) Do you have problems concentrating on things <b>TODAY</b> ?	Not at all	0	1	2	3	4	5	6	7	9	10	All the time
20.) How often do you feel tense?	Not at all	0	1	2	3	4	5	6	7	9	10	All the time

## Pain Outcomes Questionnaire: Short Form – Scoring Template

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<b>Pain:</b> Self-report of pain intensity		_____				=	_____				
		Item 2					Total				
<b>Mobility:</b> Self-reported of pain-related impairment in mobility		_____	+	_____	+	_____	+	_____	=	_____	
		Item 3		Item 4		Item 5		Item 6		Total	
<b>Activities of Daily Living (ADL):</b> Self-report of pain related impairment in completing ADLs.		_____	+	_____	+	_____	+	_____	=	_____	
		Item 7		Item 8		Item 9		Item 10		Total	
<b>Vitality:</b> Subjective sense of impairment in activity and energy levels.		30	-	( _____	+	_____	+	_____ )	=	_____	
				Item 12		Item 13		Item 14		Total	
<b>Negative Affect (NA):</b> Self-reporting of dysphoric affect & assoc. symptoms	_____	+	_____	+	_____	+	_____	+	_____	=	_____
	Item 11		Item 15		Item 16		Item 19		Item 20		Total
<b>Fear:</b> Pain-related fear and avoidance.				(10	-	_____ )	+	_____	=	_____	
						Item 18		Item 17		Total	
<b>Total Score:</b> Sum of the five subscale scores								_____		Total Score	