

DALLAS PAIN QUESTIONNAIRE

Please read:

This questionnaire has been designed to give the doctor information as to how your pain has affected your life. Be sure that these are your answers. Do not ask someone else to fill out the questionnaire for you. Please click on the line in the position that expresses your thoughts from 0 to 100% in each section.

Name:

Date:

SECTION I: PAIN AND INTENSITY

To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?

NONE

SOME

ALL THE TIME

0%(

*

*

*

*

*

)100%

SECTION II: PERSONAL CARE

How much does pain interfere with your personal care (getting out of bed, teeth brushing, dressing, etc)?

NONE (NO PAIN)

SOME

I CANNOT GET OUT OF BED

0%(

*

*

*

*

*

)100%

SECTION III: LIFTING

How much limitation do you notice in lifting?

NONE

(I CAN LIFT AS I DID)

SOME

I CANNOT LIFT ANYTHING

0%(

*

*

*

*

*

)100%

SECTION IV: WALKING

Compared to how far you could walk before your injury or back trouble, how much does pain restrict your walking now?

I CAN WALK THE SAME

ALMOST THE SAME

VERY LITTLE

I CANNOT WALK

0%(

*

*

*

*

*

)100%

SECTION V: SITTING

Back pain limits my sitting in a chair to:

NONE, PAIN SAME AS BEFORE

SOME

I CANNOT SIT AT ALL

0%(

*

*

*

*

*

)100%

SECTION VI: STANDING

How much does your pain interfere with your tolerance to stand for long periods?

NONE, SAME AS BEFORE

SOME

I CANNOT STAND

0%(

*

*

*

*

*

)100%

SECTION VII: SLEEPING

How much does pain interfere with your sleeping?

NONE, SAME AS BEFORE

SOME

I CANNOT SLEEP AT ALL

0%(

*

*

*

*

)100%

SECTION VIII: SOCIAL LIFE

How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc)?

NONE SAME AS BEFORE

SOME

NO ACTIVITIES TOTAL LOSS

0%(* * * * * * *)100%

SECTION IX: TRAVELING

How much does pain interfere with traveling in a car?

NONE SAME AS BEFORE

SOME

I CANNOT TRAVEL

0%(* * * * * * *)100%

SECTION X: VOCATIONAL

How much does pain interfere with your job?

NONE, NO INTERFERENCES

SOME

I CANNOT WORK

0%(* * * * * * *)100%

SECTION XI: ANXIETY/MOOD

How much control do you feel that you have over demands made on you?

(NO CHANGE) TOTAL

SOME

NONE

0%(* * * * * * *)100%

SECTION XII: EMOTIONAL CONTROL

How much control do you feel you have over your emotions?

(NO CHANGE) TOTAL

SOME

NONE

0%(* * * * * * *)100%

SECTION XIII: DEPRESSION

How depressed have you been since the onset of pain?

NOT DEPRESSED SIGNIFICANTLY

OVERWHELMED BY DEPRESSION

0%(* * * * * * *)100%

SECTION XIV: INTERPERSONAL RELATIONSHIPS

How much do you think your pain has changed your relationships with others?

NOT CHANGED

SOME

DRASTICALLY CHANGED

0%(* * * * * * *)100%

SECTION XV: SOCIAL SUPPORT

How much support do you need from others to help you during this onset of pain (taking over chores, fixing meals, etc.

NONE NEEDED

SOME

ALL THE TIME



SECTION XVI: PUNISHING RESPONSE

How much do you think others express irritation, frustration or anger toward you because of your pain?

NONE

SOME

ALL THE
TIME

