

Chronic Pain Assessment

Resident Name: _____ Staff Interviewer: _____

Date of Interview: ___/___/___
mm dd yy

Check Response

DK=Don't Know NR=No Response or Nonsense Response REF=Refusal to answer question

Interviewer: "I want to ask you some questions about pain."

1. Do you have pain right now? ___Yes ___No ___NR/DK/REF

1a. **IF YES**, ask: "On a scale 1 to 10 with 0 meaning no pain and 10 being the worse pain you can imagine, how much pain are you having now?" _____

2. Does pain ever keep you from doing things you enjoy (e.g., social activities, walking, going to dining room for meals, knitting, bingo, going outside)? ___Yes ___No ___DK/NR/REF

3. Does pain ever keep you from sleeping at night? ___Yes ___No ___DK/NR/REF

4. Do you have pain every day? ___Yes ___No ___DK/NR/REF

PROBABLE CHRONIC PAIN (3 or more "yes" responses or "yes" to question 4): Yes No

5. Would you like/prefer to take medication (pill, drug) for your pain? ___Yes ___No ___DK/NR/REF

The presence of probable chronic Pain is determined based on the resident's responses to questions 1 – 4. Probable chronic pain is present if the resident responds "yes" to 3 or more of the first four questions OR in response to question #4 alone (residents reports that he/she experiences pain daily). Presence or absence of probable chronic pain cannot be determined only if ALL 4 questions have DK/NR/REF answers. Question 5 is related to a resident's pain treatment preferences and is not included in scoring.

Interview outcome

Complete ___ 1
Incomplete DK ___ 2
Incomplete NR ___ 3
Incomplete REF ___ 4