

I.D.nr: \_\_\_\_\_

## SCREENING QUESTIONNAIRE FOR PAIN (3)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_

*These questions and statements apply if you have aches or pains such as back, shoulder or neck pain. Please read and answer each question carefully. Do not take too long to answer the questions. However, it is important that you answer every question. There is always a response for your particular situation.*

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EXAMPLE:

Answer by circling one alternative.

I like oranges.

0 1 2 3 4 5 6 7 8 9 10  
not at all very much

Or check a box.

How many days per week do you exercise?

0-1 days ☐2-3 days ☐4-5 days ☐6-7 days ☐

1. What year were you born? 19.....

2. Are you: male ☐ female ☐

3. Were you born in Sweden?

yes ☐ no ☐

4. What is your current employment situation?

paid work ☐ studying ☐ unpaid work at home ☐  
unemployed ☐ retired ☐ other ☐: \_\_\_\_\_

5. Where do you have pain? Check the appropriate sites.

neck ☐ shoulder ☐ upper back ☐ lower back ☐ leg ☐

2\*x

6. How many days of work have you missed because of pain during **the past 12 months**?  
Check one.

0 days ☐ 1-2 days ☐ 3-7 days ☐ 8-14 days ☐ 15-30 days ☐  
31-60 days ☐ 61-90 days ☐ 91-180 days ☐ 181-365 days ☐ > 365 days ☐

7. How long have you had your current pain problem? Check one.

0-1 weeks ☐ 2-3 weeks ☐ 4-5 weeks ☐ 6-7 weeks ☐ 8-9 weeks ☐  
10-11 weeks ☐ 12-23 weeks ☐ 24-35 weeks ☐ 36-52 weeks ☐ > 52 weeks ☐

8. Is your work heavy or monotonous? Circle the best alternative.

0 1 2 3 4 5 6 7 8 9 10  
not at all not working ☐ extremely

9. How would you rate the pain that you have had during **the past week**? Circle one.

0 1 2 3 4 5 6 7 8 9 10  
no pain pain as bad as it could be

10. In the **past three months**, on the average, how intense was your pain on a 0-10 scale?  
Circle one.

0 1 2 3 4 5 6 7 8 9 10  
no pain pain as bad as it could be

11. How **often** would you say that you have experienced pain episodes, on the average,  
during **the past three months**? Circle one.

0 1 2 3 4 5 6 7 8 9 10  
never always

12. Based on all the things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Please circle the appropriate number.

0 1 2 3 4 5 6 7 8 9 10  
can't decrease it at all can decrease it completely

10-x

13. How tense or anxious have you felt in **the past week**? Circle one.

0 1 2 3 4 5 6 7 8 9 10  
absolutely calm and relaxed as tense and anxious as I've ever felt

14. How much have you been bothered by feeling depressed in **the past week**? Circle one.

0 1 2 3 4 5 6 7 8 9 10  
not at all extremely

15. In your view, how large is the risk that your current pain may become persistent? Circle one.

0 1 2 3 4 5 6 7 8 9 10  
no risk very large risk

16. In your estimation, what are the chances that you will be able to work in **six months**? Circle one.

0 1 2 3 4 5 6 7 8 9 10  
no chance very large chance

10-x

17. If you take into consideration your work routines, management, salary, promotion possibilities, and work mates, how satisfied are you with your job? Circle one.

0 1 2 3 4 5 6 7 8 9 10  
not at all satisfied completely satisfied

10-x

not working ☐

*Here are some of the things which other patients have told us about their pain. For each statement please circle any number from 0 to 10 to say how much physical activities, such as, bending, lifting, walking or driving affect or would affect **your** back.*

18. Physical activity makes my pain worse.

0 1 2 3 4 5 6 7 8 9 10  
completely disagree completely agree

19. An increase in pain is an indication that I should stop what I am doing until the pain decreases.

0 1 2 3 4 5 6 7 8 9 10  
completely disagree completely agree

20. I should not do my normal activities including work with my present pain.

0 1 2 3 4 5 6 7 8 9 10  
 completely completely  
 disagree agree

*Here is a list of five activities. Please circle the number which best describes your current ability to participate in each of these activities.*

21. I can do light work for an hour.

10-x

0 1 2 3 4 5 6 7 8 9 10  
 cannot do it can do it without  
 because of pain pain being a problem

22. I can walk for an hour.

10-x

0 1 2 3 4 5 6 7 8 9 10  
 cannot do it can do it without  
 because of pain pain being a problem

23. I can do ordinary household chores.

10-x

0 1 2 3 4 5 6 7 8 9 10  
 cannot do it can do it without  
 because of pain pain being a problem

24. I can do the weekly shopping.

10-x

0 1 2 3 4 5 6 7 8 9 10  
 cannot do it can do it without  
 because of pain pain being a problem

25. I can sleep at night.

10-x

0 1 2 3 4 5 6 7 8 9 10  
 cannot do it can do it without  
 because of pain pain being a problem

**THANK YOU FOR YOUR COOPERATION !**