

# Multi-dimensional Pain Assessment

MiCCSI

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# Disclosures

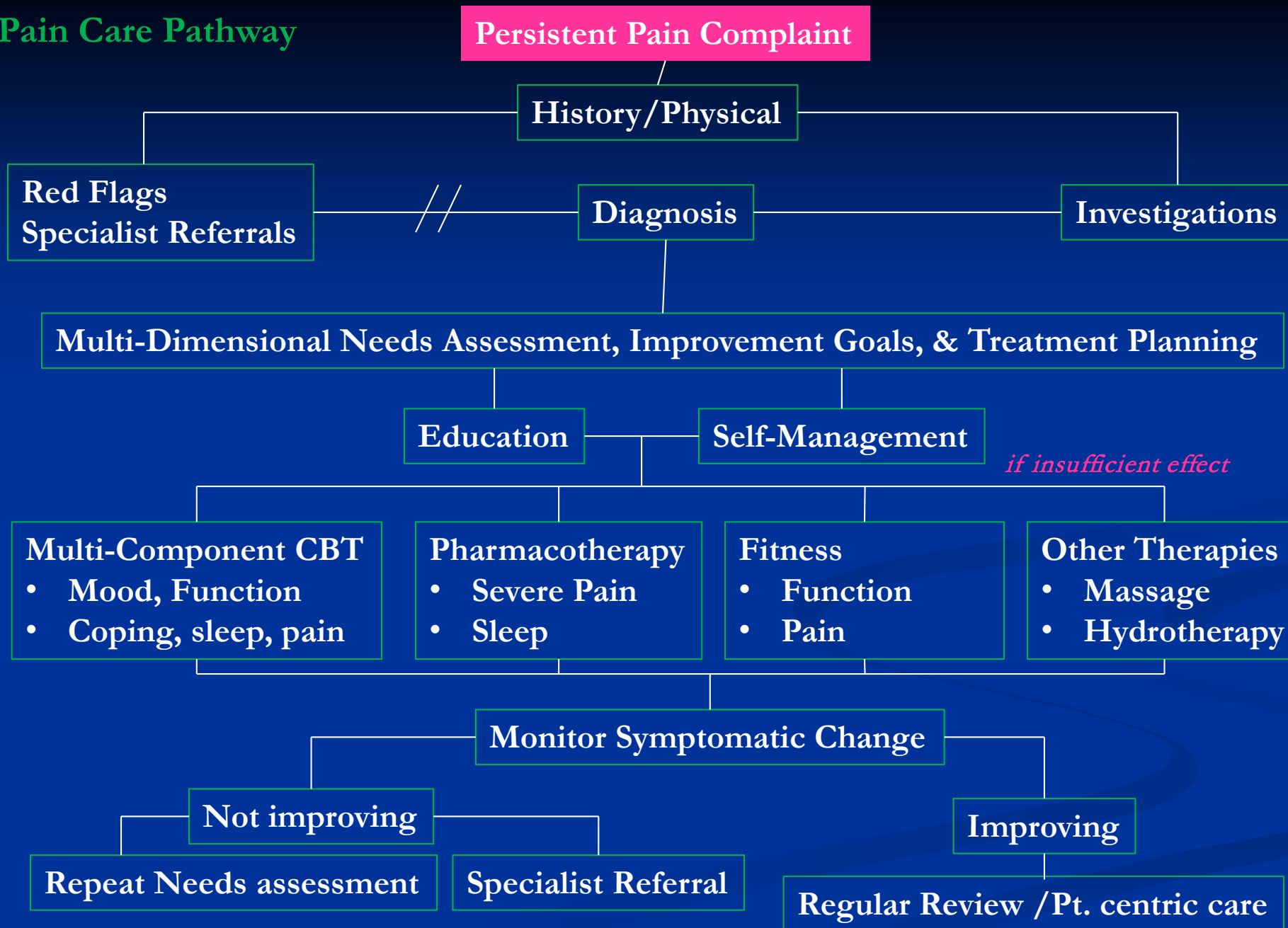
- Consultant to Community Health Focus Inc.
- President of the American Pain Society
- Chair of Steering Committee reviewing grants for APS sponsored by Pfizer
- Funded for research by NIH

There will be no use of off-label medications in this presentation.

# Multi-Dimensional Pain Assessment

- Documents targetable elements of chronic pain perception
- Monitors chronic pain perception over time
- Helps phenotype pain for research

# Pain Care Pathway



# Shared Neurotransmitters Explain

- The complexity of chronic pain presentation

■ Sleep, Pain, Affect, Cognition, Energy



- New targets for treating pain perception

# Traditional Pain Assessment

## **Pain**

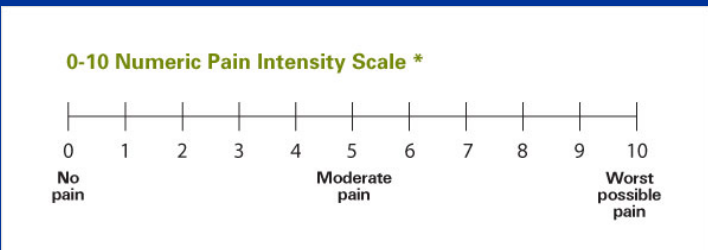
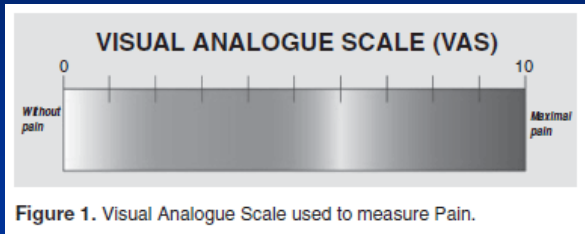
Intensity

Location, Quality

Distribution

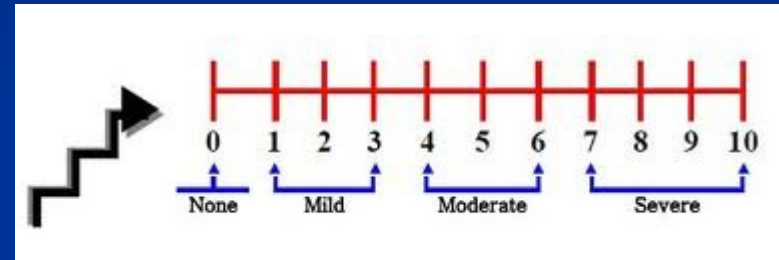
Temporality

# Intensity



## Verbal Rating Scale: Discomfort Rating

- 0- Pain or Discomfort - none
- 1- Pain or Discomfort - I am aware of it, I think about it
- 2- Pain or Discomfort - I am aware of it, I think about it but I can ignore it at times.
- 3- Pain or Discomfort - I can't ignore it, but I can do my usual activities.
- 4- Pain or Discomfort - It is difficult for me to concentrate; I can only do easy activities.
- 5- Pain or Discomfort - Such that I cant do anything.



# Brief Pain Inventory

**Brief Pain Inventory (Short Form)**

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

Yes  No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.

Front

Back

3. Please rate your pain by marking the box beside the number that best describes your pain at its **worst** in the last 24 hours.

0  1  2  3  4  5  6  7  8  9  10

No Pain Pain As Bad As You Can Imagine

4. Please rate your pain by marking the box beside the number that best describes your pain at its **least** in the last 24 hours.

0  1  2  3  4  5  6  7  8  9  10

No Pain Pain As Bad As You Can Imagine

5. Please rate your pain by marking the box beside the number that best describes your pain on the **average**.

0  1  2  3  4  5  6  7  8  9  10

No Pain Pain As Bad As You Can Imagine

6. Please rate your pain by marking the box beside the number that tells how much pain you have **right now**.

0  1  2  3  4  5  6  7  8  9  10

No Pain Pain As Bad As You Can Imagine

7. What treatments or medications are you receiving for your pain?


8. In the last 24 hours, how much relief have pain treatments or medications provided? Please mark the box below the percentage that most shows how much **relief** you have received.

0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%

No Relief Complete Relief

9. Mark the box beside the number that describes how, during the past 24 hours, pain has interfered with you:

**A. General Activity**

0  1  2  3  4  5  6  7  8  9  10

Does Not Interfere Completely Interferes

**B. Mood**

0  1  2  3  4  5  6  7  8  9  10

Does Not Interfere Completely Interferes

**C. Walking ability**

0  1  2  3  4  5  6  7  8  9  10

Does Not Interfere Completely Interferes

**D. Normal Work (includes both work outside the home and housework)**

0  1  2  3  4  5  6  7  8  9  10

Does Not Interfere Completely Interferes

**E. Relations with other people**

0  1  2  3  4  5  6  7  8  9  10

Does Not Interfere Completely Interferes

**F. Sleep**

0  1  2  3  4  5  6  7  8  9  10

Does Not Interfere Completely Interferes

**G. Enjoyment of life**

0  1  2  3  4  5  6  7  8  9  10

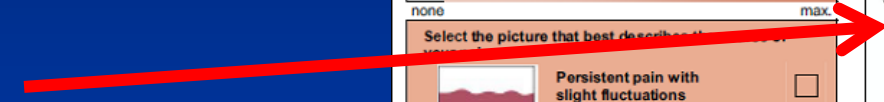
Does Not Interfere Completely Interferes



Intensity



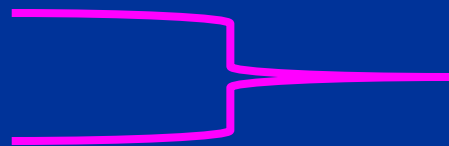
Distribution



Temporality



Quality



**painDETECT** PAIN QUESTIONNAIRE

Date: \_\_\_\_\_ Patient: Last name: \_\_\_\_\_ First name: \_\_\_\_\_

How would you assess your pain now, at this moment?  
 0 1 2 3 4 5 6 7 8 9 10  
 none max.

How strong was the **strongest** pain during the past 4 weeks?  
 0 1 2 3 4 5 6 7 8 9 10  
 none max.

How strong was the pain during the past 4 weeks **on average**?  
 0 1 2 3 4 5 6 7 8 9 10  
 none max.

Select the picture that best describes your pain:

- Persistent pain with slight fluctuations
- Persistent pain with pain attacks
- Pain attacks without pain between them
- Pain attacks with pain between them

Please mark your main area of pain

Does your pain radiate to other regions of your body? yes  no   
 If yes, please draw the direction in which the pain radiates.

Do you suffer from a burning sensation (e.g., stinging nettles) in the marked areas?  
 never  hardly noticed  slightly  moderately  strongly  very strongly

Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?  
 never  hardly noticed  slightly  moderately  strongly  very strongly

Is light touching (clothing, a blanket) in this area painful?  
 never  hardly noticed  slightly  moderately  strongly  very strongly

Do you have sudden pain attacks in the area of your pain, like electric shocks?  
 never  hardly noticed  slightly  moderately  strongly  very strongly

Is cold or heat (bath water) in this area occasionally painful?  
 never  hardly noticed  slightly  moderately  strongly  very strongly

Do you suffer from a sensation of numbness in the areas that you marked?  
 never  hardly noticed  slightly  moderately  strongly  very strongly

Does slight pressure in this area, e.g., with a finger, trigger pain?  
 never  hardly noticed  slightly  moderately  strongly  very strongly

(To be filled out by the physician)

never	hardly noticed	slightly	moderately	strongly	very strongly
x 0 = 0	x 1 =	x 2 =	x 3 =	x 4 =	x 5 =

Total score    out of 35

# EMA Pain

## Ex : Pain Diary

### MONITORING PAIN DIARY

#### Instructions:

1. Keep a record of any pain you experience during any of the following periods with a 7 day diary.
2. Record how intense your pain was by rating it on a scale of 1 to 10 (1=not very painful to 10=highly painful).
3. Record what you were doing or the situation you were in when you experienced the pain.
4. Record your thoughts at the time of experiencing the pain.

This will help you to develop more awareness about your experiences of physical pain to help you identify strategies and techniques to help manage pain.

DAY	Brief description of type of pain	RATE 1-10	Situation/What you were doing	What you were thinking at the time	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

#### Question 8

How much pain are you experiencing right now?

(0 to 10)

2



No pain

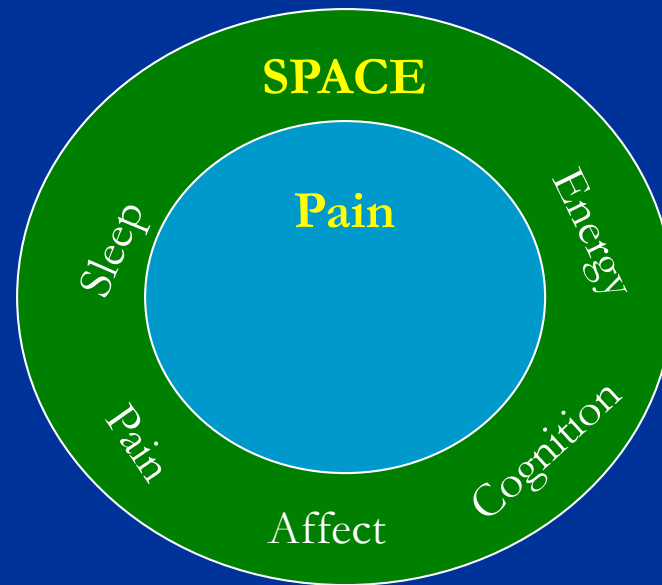
Pain as bad as you can imagine

BACK

NEXT



# Domains of Pain Assessment



# Sleep

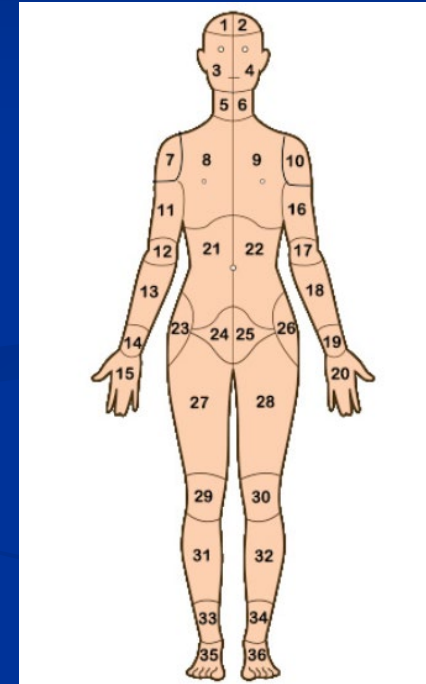
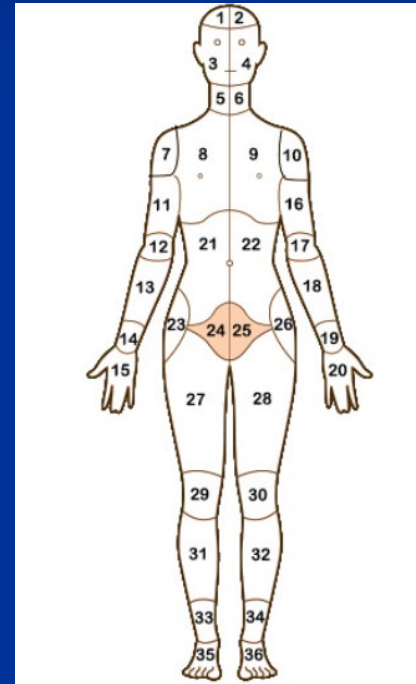
- Sleep Disturbances
  - PROMIS<sup>1</sup>
  - MOS<sup>2</sup>
  - PSQI<sup>3</sup>
- Sleep-related Impairment
  - PROMIS<sup>1</sup>



**Sleep:** <sup>1</sup>Cella D, et al. The Patient-Reported Outcomes Measurement Information System (PROMIS) developed and tested its first wave of adult self-reported health outcome item banks: 2005-2008. *J Clin Epidemiol.* 2010;63(11):1179-94. <sup>2</sup>Allen RP, et al. Psychometric evaluation and tests of validity of the Medical Outcomes Study 12-item Sleep Scale (MOS sleep). *Sleep medicine.* 2009;10(5):531-9. <sup>3</sup>Buysse,D.J. et al. (1989). The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. *Psychiatry Research,* 28(2), 193-213. The detailed scoring instructions are at the end of this journal article.

# Focal vs Wide-Spread Pain

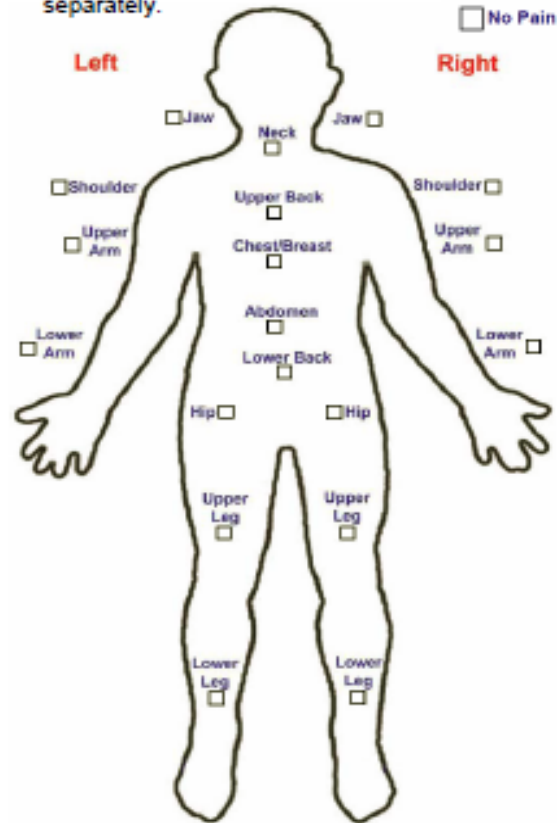
- Body Maps
- Assess for local Vs. Wide-spread pain
- In IC, only 19% focal



# Fibromyalgia-ness

## Fibromyalgia Symptoms (Modified ACR 2010 Fibromyalgia Diagnostic Criteria)

1. Please indicate below if you have had pain or tenderness over the past 7 days in each of the areas listed below. Check the boxes in the diagram below for each area in which you have had pain or tenderness. Be sure to mark right and left sides separately.



2. Using the following scale, indicate for each item your severity over the past week by checking the appropriate box.

**No problem**

**Slight or mild problems:** generally mild or intermittent

**Moderate:** considerable problems; often present and/or at a moderate level

**Severe:** continuous, life-disturbing problems

	No problem	Slight or mild	Moderate	Severe
a. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trouble thinking or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Waking up tired (unrefreshed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the past 6 months have you had any of the following symptoms?

	No	Yes
a. Pain or cramps in lower abdomen	<input type="checkbox"/>	<input type="checkbox"/>
b. Depression	<input type="checkbox"/>	<input type="checkbox"/>
c. Headache	<input type="checkbox"/>	<input type="checkbox"/>

4. Have the symptoms in questions 2-3 and pain been present at a similar level for at least 3 months?

No  Yes

5. Do you have a disorder that would otherwise explain the pain?

No  Yes

# Affect and Chronic Pain

## **IASP Definition of Pain:**

An unpleasant *sensory and emotional* experience associated with actual or potential tissue damage or described in terms of such damage<sup>1</sup>

## **Affective Vulnerability:**

Highly predictive of first onset of chronic pain (e.g., TMD).<sup>2</sup>

## **Neuroimaging Findings:**

Compared to acute pain, chronic pain appears more like an emotional event than a sensory event.<sup>3,4</sup>

<sup>1</sup>IASP Pain Terminology. International Association for the Study of Pain Website. [http://www.iasp-pain.org/AM/Template.cfm?Section=Pain\\_Definitions&Template=/CM/HTMLDisplay.cfm&ContentID=1728#Pain](http://www.iasp-pain.org/AM/Template.cfm?Section=Pain_Definitions&Template=/CM/HTMLDisplay.cfm&ContentID=1728#Pain). Updated 2007. Accessed January 6, 2011; <sup>2</sup> Fillingim et al, Psychological factors associated with development of TMD: the OPPERA prospective cohort study. *J Pain*, 14(12 supp2), 2013:T75-T90; <sup>3</sup> Hashmi JA, et al, Shape shifting pain: chronification of back pain shifts brain representation from nociceptive to emotional circuits. *Brain*, 2013;136(Pt 9):2751-68; <sup>4</sup> Denk F, McMahon SB, Tracey I. Pain vulnerability: a neurobiological perspective. *Nature neuroscience*. 2014;17(2):192-200.

# Negative Affect

- Depression/Dysphoria
  - CES-D<sup>1</sup>
  - PHQ-9<sup>2</sup>
  - PROMIS<sup>3</sup>
- Anxiety
  - STAI<sup>4</sup>
  - GAD-7<sup>5</sup>
  - PROMIS<sup>3</sup>
- Anger
  - STAXI<sup>6</sup>
  - PROMIS<sup>3</sup>

**Negative Affect:** <sup>1</sup>Radloff LS. The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement* 1977;1:385-401. <sup>2</sup>Kroenke K, et al. The PHQ-9: validity of a brief depression severity measure. *JGenInternMed.* 2001;16(9):606-13. <sup>3</sup>Cella D, et al. The Patient-Reported Outcomes Measurement Information System (PROMIS) developed and tested its first wave of adult self-reported health outcome item banks: 2005-2008. *J Clin Epidemiol.* 2010;63(11):1179-94. <sup>4</sup>Spielberger CD, et al. *Assessment of state and trait anxiety. Anxiety: psychobiological and clinical perspectives.* Washington: Hemisphere/Taylor and Francis; 1991:69-83. <sup>5</sup>Spitzer RL et al. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine.* 2006;166(10):1092-7. <sup>6</sup>Spielberger CD. *STAXI-2: State-Trait Anger Expression Inventory - 2.* Professional Manual. Odessa, FL: Psychological Assessment Resources (PAR), Inc.; 1999.



# Positive Affect / Resilience

- Positive/Negative Affect
  - PANAS<sup>1</sup>
- Affect Balance<sup>2</sup>
- Hardiness
- Grit
  - Short Grit Scale<sup>3,4</sup>
- Optimism
- Determination/courage
- Satisfaction with life
  - SWL<sup>5</sup>
- Benefit Finding
- Gratitude
- Forgiveness
- Subjective Well-being
  - SWBS<sup>6</sup>
  - PROMIS Affect/Well-being<sup>7</sup>
- Sense of Coherence

**Resilience and Positive Affect:** <sup>1</sup>Watson D. et al. Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality & Social Psychology* 1988;54:1063-70. <sup>2</sup>Hassett AL, et al. The relationship between affect balance style and clinical outcomes in fibromyalgia. *Arthritis and Rheumatism*. 2008;59(6):833-40. <sup>3</sup>Duckworth AL, et al, Grit: perseverance and passion for long-term goals. *Journal of personality and social psychology*. Jun 2007;92(6):1087-1101. <sup>4</sup>Duckworth AL, et al. Development and validation of the short grit scale (grit-s). *Journal of personality assessment*. Mar 2009;91(2):166-174. <sup>5</sup>Diener E, et al. The Satisfaction With Life Scale. *Journal of personality assessment*. Feb 1985;49(1):71-75. <sup>6</sup>Diener E. *Assessing Well-Being: The Collected Works of Ed Diener*. New York: Springer; 2009. <sup>7</sup>Cella D, et al. The Patient-Reported Outcomes Measurement Information System (PROMIS) developed and tested its first wave of adult self-reported health outcome item banks: 2005-2008. *J Clin Epidemiol*. 2010;63(11):1179-94

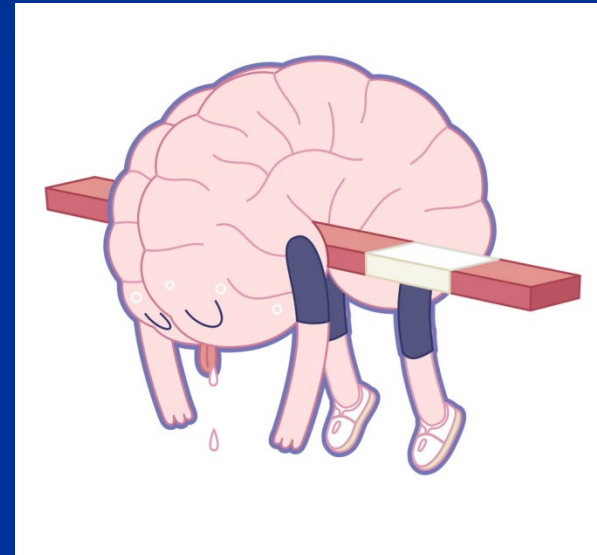
## Dyscognition

- Perceived Problems
  - MASQ<sup>4</sup>
  - MISCI<sup>5</sup>



## Fatigue

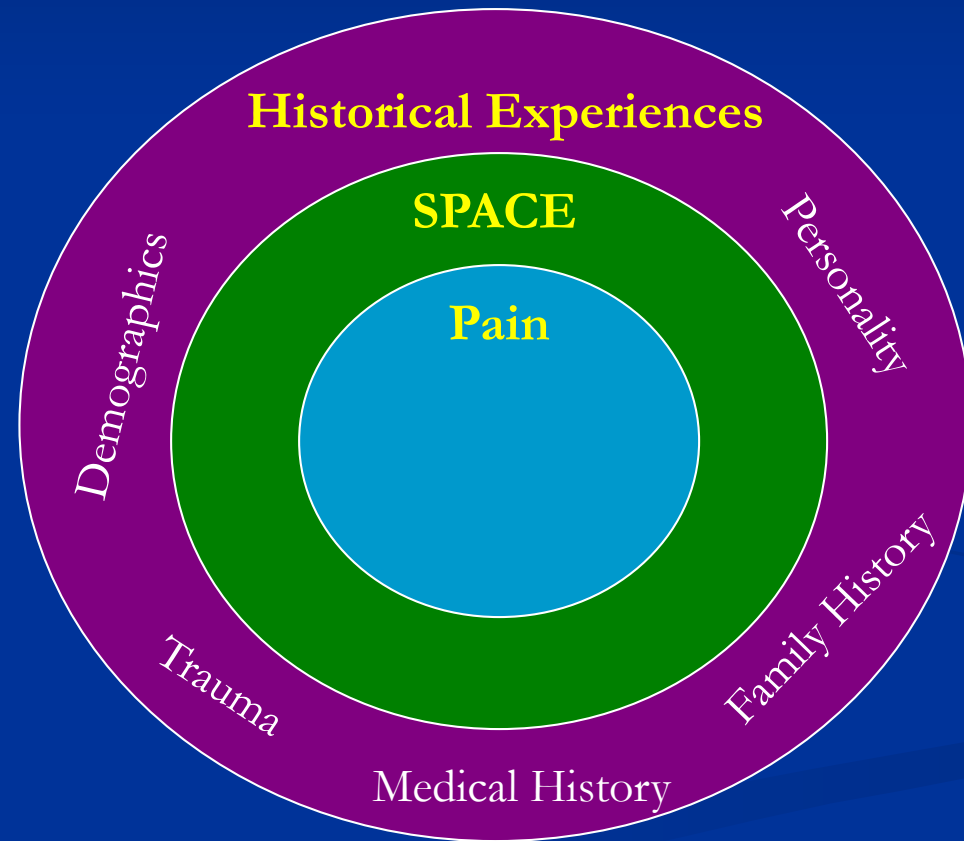
- Multidimensional Fatigue
  - MFI<sup>6</sup>
  - PROMIS<sup>1</sup>



**Dyscognition:** <sup>4</sup>Seidenberg M. et al. Development and validation of a Multiple Ability Self-Report Questionnaire. *Journal of Clinical & Experimental Neuropsychology*. 1994;16(1):93-104.; <sup>5</sup>Kratz AL, et al. Development and Initial Validation of a Brief Self-Report Measure of Cognitive Dysfunction in Fibromyalgia. *The J Pain*, 2015.

**Fatigue:** <sup>6</sup>Smets EM, et al. The Multidimensional Fatigue Inventory (MFI) psychometric qualities of an instrument to assess fatigue. *Journal of Psychosomatic Research* 1995;39:315-25.

# Domains of Pain Assessment



## Medical History

- Demographics
- Co-morbid medical conditions
- Current Treatments
- Medical History
- Family History

## Trauma/Stress

- Trauma
  - CTES/RTES<sup>7</sup>
- Stress
  - PSS<sup>8</sup>

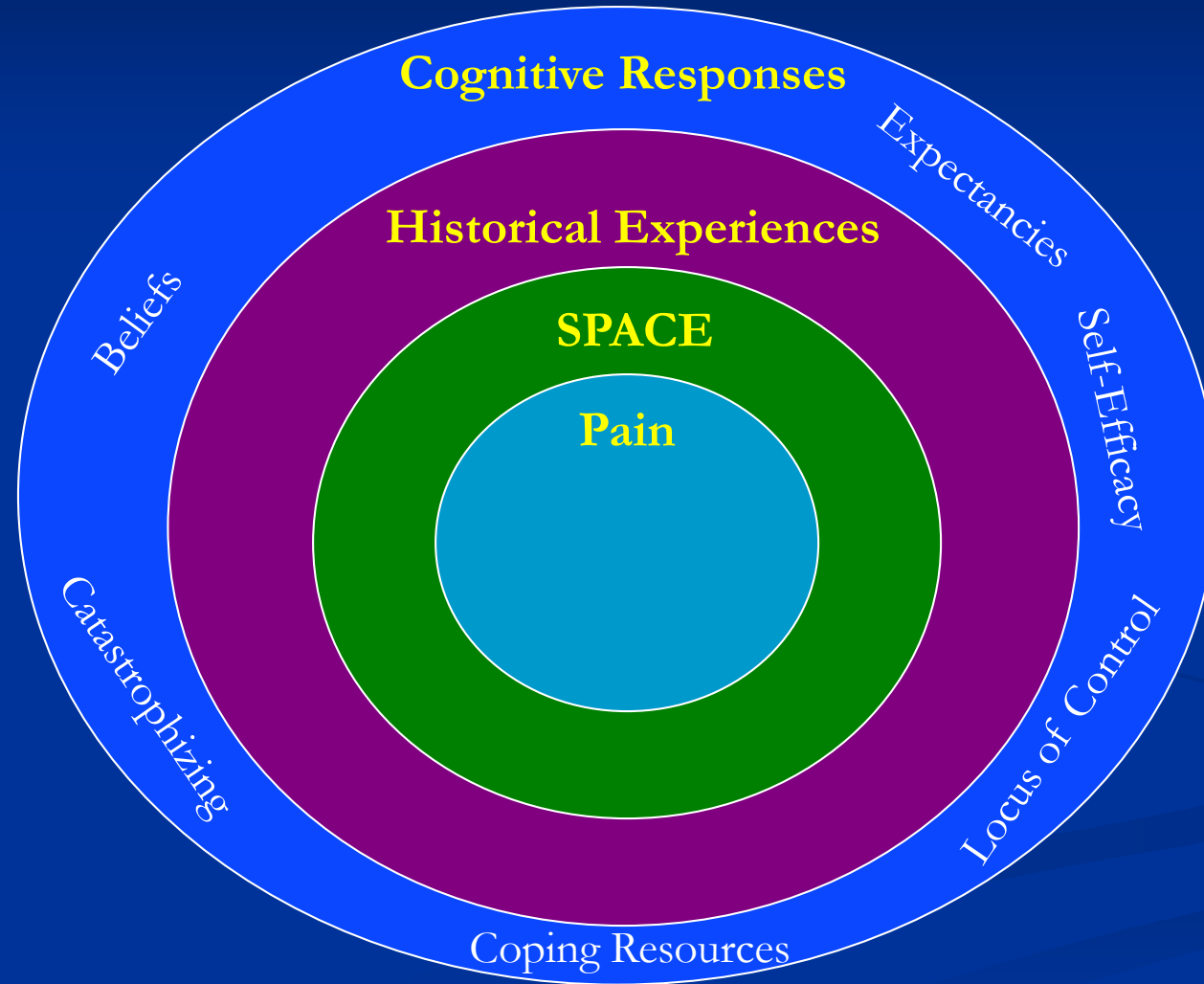
## Personality

- 5 Factor Model
  - Neuroticism
  - Extroversion
  - Openness
  - Conscientiousness
  - Agreeableness
- IPIP<sup>9</sup>
- TIPI<sup>10</sup>

**Trauma:** <sup>7</sup>Pennebaker JW, et al. Disclosure of traumas and psychosomatic processes. *SocSciMed*. 1988;26(3):327-32.; <sup>8</sup>Cohen S, et al. A global measure of perceived stress. *JHealth SocBehav*. 1983;24(4):385-96.

**Personality:** <sup>9</sup>Goldberg, L. R., et al. (2006). The International Personality Item Pool and the future of public-domain personality measures. *Journal of Research in Personality*, 40, 84-96.; <sup>10</sup>Gosling, S. D., et al. (2003). A Very Brief Measure of the Big Five Personality Domains. *Journal of Research in Personality*, 37, 504-528.

# Domains of Pain Assessment



## Pain Beliefs

- Multi-component
  - SOPA<sup>1</sup>
  - PBPI<sup>2</sup>
  - BBCA<sup>3</sup>
- Locus of Control
  - BPCQ<sup>4</sup>

## Coping Resources

- Coping Strategies
  - CSQ<sup>5</sup>
  - CPCI<sup>6</sup>
- Catastrophizing
  - PCS<sup>7</sup>
- Self-Efficacy
  - PSE<sup>8</sup>

## Expectancies

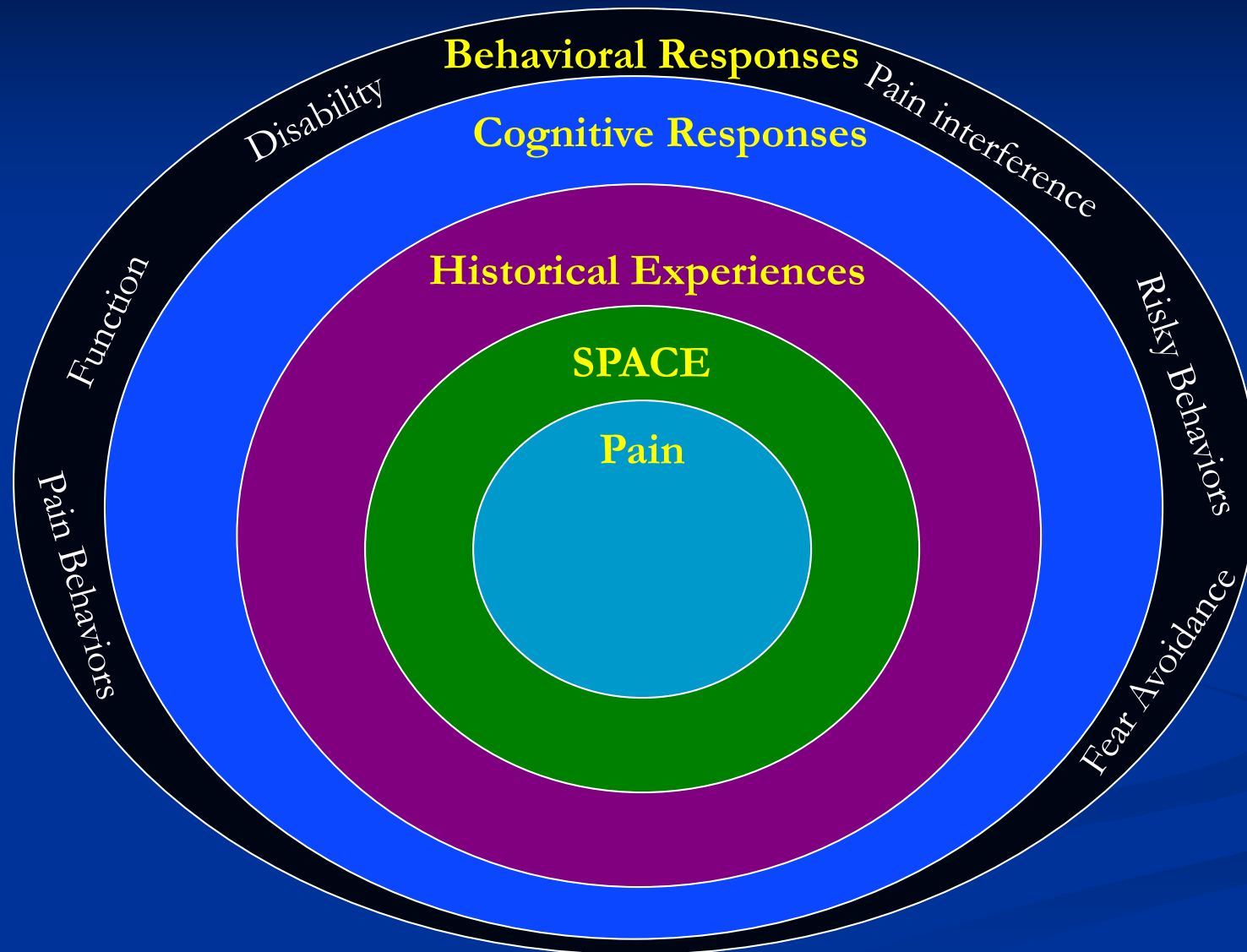
- Treatment Expectancy and credibility
  - TEC<sup>9</sup>

**Beliefs:** <sup>1</sup>Jensen MP, et al. Relationship of pain-specific beliefs to chronic pain adjustment. Pain. 1994;57(3):301-9.; <sup>2</sup>Williams DA. et al., Pain beliefs: Assessment and utility. Pain. 1994;59(1):71-8. <sup>3</sup>Jensen MP, et al. One- and two-item measures of pain beliefs and coping strategies. Pain. 2003;104(3):453-69. <sup>4</sup>Skevington SM. A standardized scale to measure beliefs about controlling pain (BPCQ): A preliminary study. Psychology and Health 1990;4:221-32.

**Coping:** <sup>5</sup>Rosenstiel AK, Keefe FJ. The use of coping strategies in chronic low back pain patients: Relationship to patient characteristics and current adjustment. Pain 1983;17:33-44; <sup>6</sup>Jensen MP, et al. The Chronic Pain Coping Inventory: development and preliminary validation. Pain. 1995;60(2):203-16. <sup>7</sup>Sullivan M, et al.. The Pain Catastrophizing Scale: Development and validation. Psychological Assessments 1995;7:524-32. <sup>8</sup>Lorig K, et al. Development and evaluation of a scale to measure perceived self-efficacy in people with arthritis. Arthritis & Rheumatism 1989;32:37-44.

**Expectancies:** <sup>9</sup>Smeets RJ, et al., Treatment expectancy and credibility are associated with the outcome of both physical and cognitive-behavioral treatment in chronic low back pain. The Clinical journal of pain. 2008;24(4):305-15.

# Domains of Pain Assessment



## Functioning

- Multidimensional Functioning
  - SF-36<sup>1</sup>
  - WHO-DAS 2.0<sup>2</sup>
- Pain Interference
  - BPI<sup>3</sup> (interference)
- Disability
  - PDI<sup>4</sup>

## Pain Behaviors

- PROMIS<sup>5</sup>

## Fear Avoidance

- TSK<sup>6</sup>

**Functional Status:** <sup>1</sup>Ware JE, et al. How to Score Version Two of the SF-36r Health Survey. Lincoln, RI: QualityMetric, Inc.; 2000. <sup>2</sup>World Health Organization. Measuring health and disability: manual for WHO disability assessment schedule (WHODAS 2.0), World Health Organization, 2010, Geneva. <sup>3</sup>Cleeland C. The Brief Pain Inventory: User Guide. Houston, TX: MD Anderson Cancer Center; 2009. <sup>4</sup>Tait RC, et al. The Pain Disability Index: Psychometric properties. Pain. 1990;40(2):171-82.

**Pain Behaviors and Fear Avoidance:** <sup>5</sup>Revicki DA, et al. Development and psychometric analysis of the PROMIS pain behavior item bank. Pain. 2009;146(1-2):158-69. <sup>6</sup>Burwinkle, T., et al. (2005). Fear of movement: factor structure of the Tampa Scale of Kinesiophobia in patients with fibromyalgia syndrome. The Journal of Pain, 6(6), 384-391.



# Substance Use

- Tobacco
  - <sup>5</sup>FTQ
- Alcohol
  - <sup>6</sup>CAGE
  - <sup>7</sup>AUDIT
- Opiates
  - <sup>8</sup>ORT
  - <sup>9</sup>COWS
- Illicit Drugs
  - <sup>10</sup>DAST

**NURSING MNEMONICS & TIPS**  
**ALCOHOLISM SCREENING**  
**"CAGE"**

	DESCRIPTION	QUESTION
<b>C</b>	<b>CONCERN</b> by the person that there is a problem	Have you ever felt that you should <b>CUT</b> down on your drinking?
<b>A</b>	<b>APPARENT</b> to others that there is a problem	Have you ever become <b>ANNNOYED</b> by criticisms of your drinking?
<b>G</b>	<b>GRAVE</b> consequences	Have you ever felt <b>GUILTY</b> about your drinking?
<b>E</b>	<b>EVIDENCE</b> of dependence or tolerance	Have you ever had a morning <b>EYE OPENER</b> to get rid of a hangover?

**LEARN MORE: CAGE QUESTIONNAIRE**  
 CAGE questionnaire is a widely used and an extensively validated method of screening for alcoholism. Two "yes" responses indicate that the possibility of alcoholism should be investigated further.

**SEE ALL MNEMONICS AND TIPS AT**  
<http://nurseslabs.com/mnemonics>

## Opioid Risk Tool (ORT)

Mark each box that applies:

	Female	Male
1. Family history of substance abuse		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Prescription drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
2. Personal history of substance abuse		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Prescription drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Age (mark box if between 16-45 years)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
4. History of preadolescent sexual abuse	<input type="checkbox"/> 3	<input type="checkbox"/> 0
5. Psychological disease		
ADO, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Scoring totals:		

### Administration

- On initial visit
- Prior to opioid therapy

### Scoring

- 0-3: low risk (6%)
- 4-7: moderate risk (28%)
- ≥ 8: high risk (> 90%)

Webster & Webster, *Pain Med.* 2005;6:432.

## COWS Clinical Opiate Withdrawal Scale

Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.

<b>Resting Pulse Rate:</b> _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 Pulse rate 50 or below 1 Pulse rate 51-100 2 Pulse rate 101-120 4 Pulse rate greater than 120	<b>GI upset: over last 1/2 hour</b> 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 4 Multiple episodes of diarrhea or vomiting
<b>Sweating: over past 1/2 hour not accounted for by room temperature or patient activity</b> 0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat on brow or face 4 Sweat streaming off face	<b>Tremor: observation of hands</b> 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
<b>Restlessness: Observation during assessment</b> 0 Able to sit still 1 Reports difficulty sitting still, but is able to do so 3 Frequent shifting or excessive movement of legs/arms 5 Unable to sit still for more than a few seconds	<b>Yawning: Observation during assessment</b> 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
<b>Pupil size</b> 0 Pupil pinned or normal size for room light 1 Pupil possibly larger than normal for room light 2 Pupil moderately dilated 5 Pupil so dilated that only the rim of the iris is visible	<b>Anxiety or irritability</b> 0 None 1 Patient reports increasing irritability or anxiety 2 Patient obviously irritable/anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
<b>Bone or joint aches: If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</b> 0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	<b>Crossed/itch skin</b> 0 Skin is smooth 3 Flare/irritation of skin can be felt or hairs standing up on arms 5 Prominent piloerection
<b>Runny nose or tearing: Not accounted for by cold symptoms or allergies</b> 0 Not present 1 Nasal irritation or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks	<b>Total Score</b> The total score is the sum of all 11 items. Initials of person completing Assessment: _____

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

**PEDAGOGY** pre-ut-gch-ipe  
 Institute for Health Professions Education

## Drug Abuse Screening Test – DAST 10

The list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

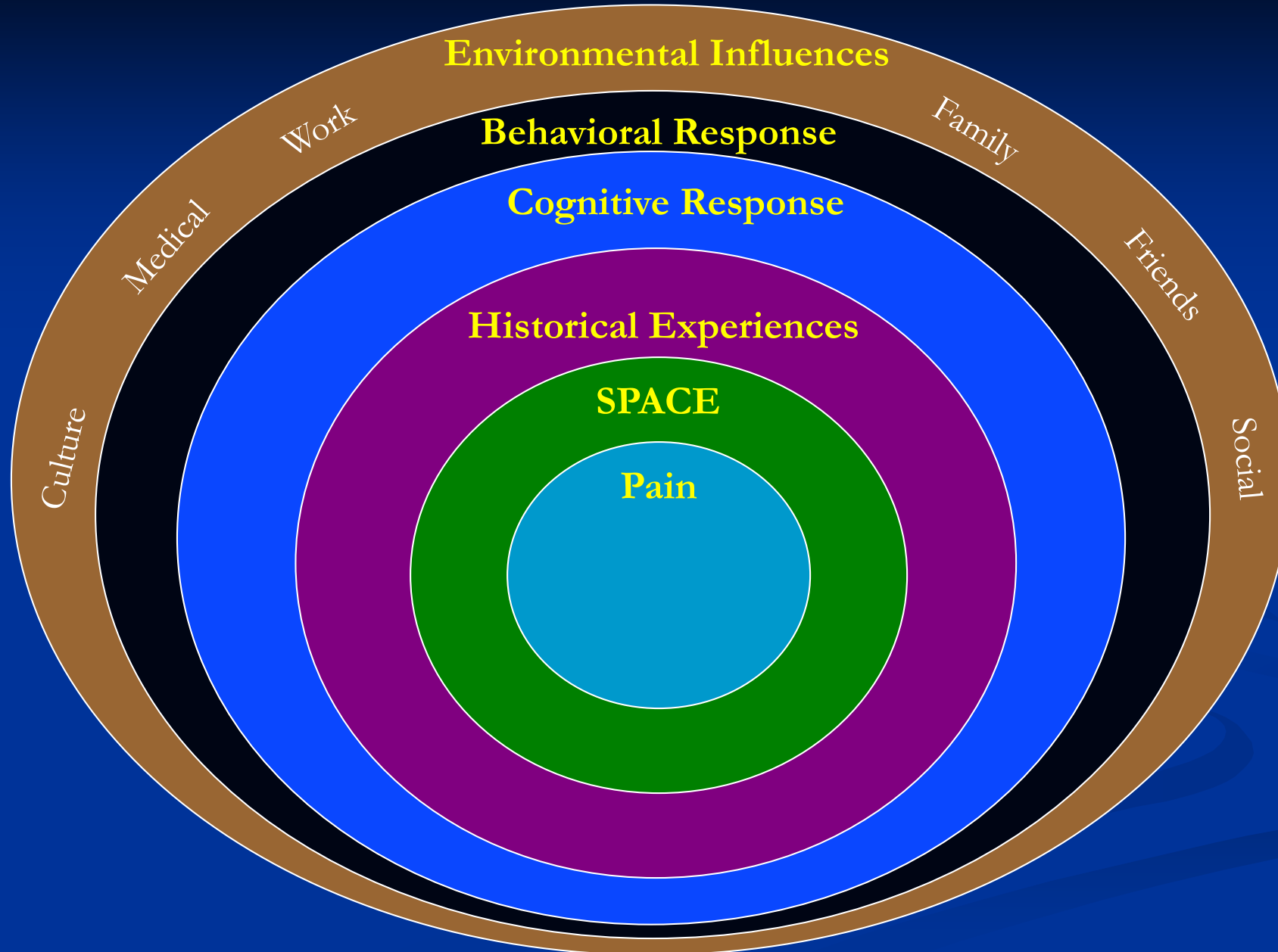
When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), sedatives, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this screen.

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	<input type="radio"/>	<input type="radio"/>
2. Do you abuse more than one drug at a time?	<input type="radio"/>	<input type="radio"/>
3. Are you always able to stop using drugs when you want to? (if never use drugs, answer "Yes")	<input type="radio"/>	<input type="radio"/>
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	<input type="radio"/>	<input type="radio"/>
5. Do you ever feel bad or guilty about your drug use? (if never use drugs, choose "No")	<input type="radio"/>	<input type="radio"/>
6. Does your spouse (or partner) ever complain about your involvement with drugs?	<input type="radio"/>	<input type="radio"/>
7. Have you neglected your family because of your use of drugs?	<input type="radio"/>	<input type="radio"/>
8. Have you engaged in illegal activities in order to obtain drugs?	<input type="radio"/>	<input type="radio"/>
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="radio"/>	<input type="radio"/>
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, emphysema, bleeding, etc.)?	<input type="radio"/>	<input type="radio"/>

**Substance Usage:** <sup>5</sup>Heatherton TF, et al. The Fagerstrom Test for Nicotine Dependence: A revision of the Fagerstrom Tolerance Questionnaire. *British Journal of Addiction.* 1991;86(9):1119-27. <sup>6</sup>Ewing JA. Detecting alcoholism. The CAGE questionnaire. *JAMA.* 1984;252(14):1905-7. <sup>7</sup>Babor, TF, AUDIT, World Health Organization, Geneva (2001). <sup>8</sup>Webster, LR & Webster, R (2005), *Pain Med* 6(6):432. <sup>9</sup>Wesson, DR et al (2003). COWS. *J. Psychoactive Drugs*, 35(2):253-259. <sup>10</sup>Skinner, HA (1982) *Addictive Behavior*, 7:363-371.

# Domains of Pain Assessment



## Social

- Multicomponent Social Functioning
  - WHYMPI<sup>1</sup>
- Social Enfranchisement
  - PE<sup>2</sup>



## Family

- Dyadic Adjustment
  - DAS<sup>3</sup>



## Work

- Work Productivity/Impairment
  - WPAI<sup>4</sup>

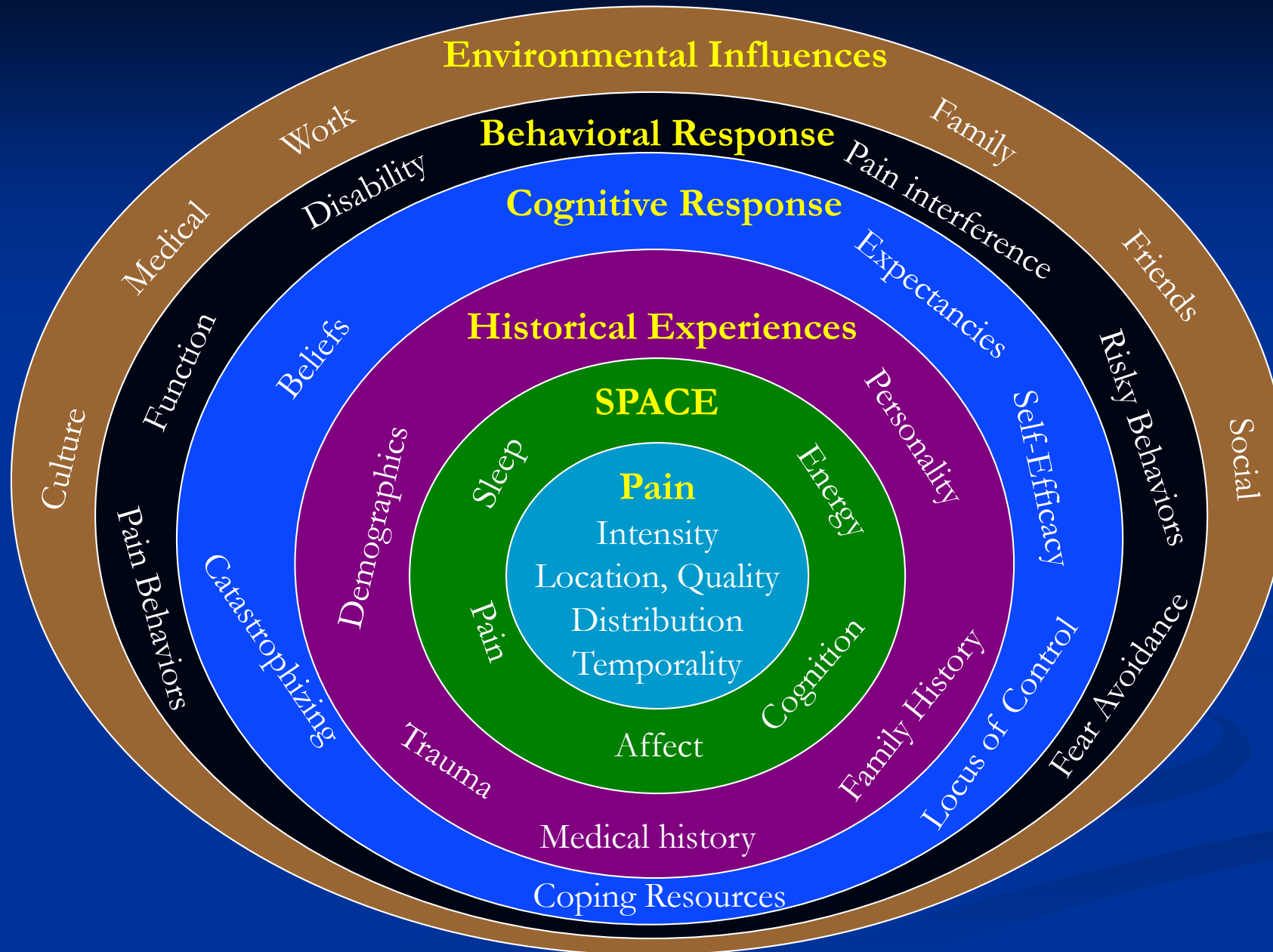


**Social:** <sup>1</sup>Kerns RD, Turk DC, Rudy TE. The West Haven-Yale Multidimensional Pain Inventory (WHYMPI). Pain 1985;23:345-56. <sup>2</sup>Heinemann AW, Lai JS, et al. Measuring participation enfranchisement. Arch Phys Med Rehabil. 2011 Apr;92(4):564:71.

**Family:** <sup>3</sup>Spanier GB. The measurement of marital quality. J Sex Marital Ther

**Work:** <sup>4</sup>Reilly MC, Zbrozek AS, Dukes EM. The validity and reproducibility of a work productivity and activity impairment instrument. Pharmacoeconomics 1993; 4(5):353-65.

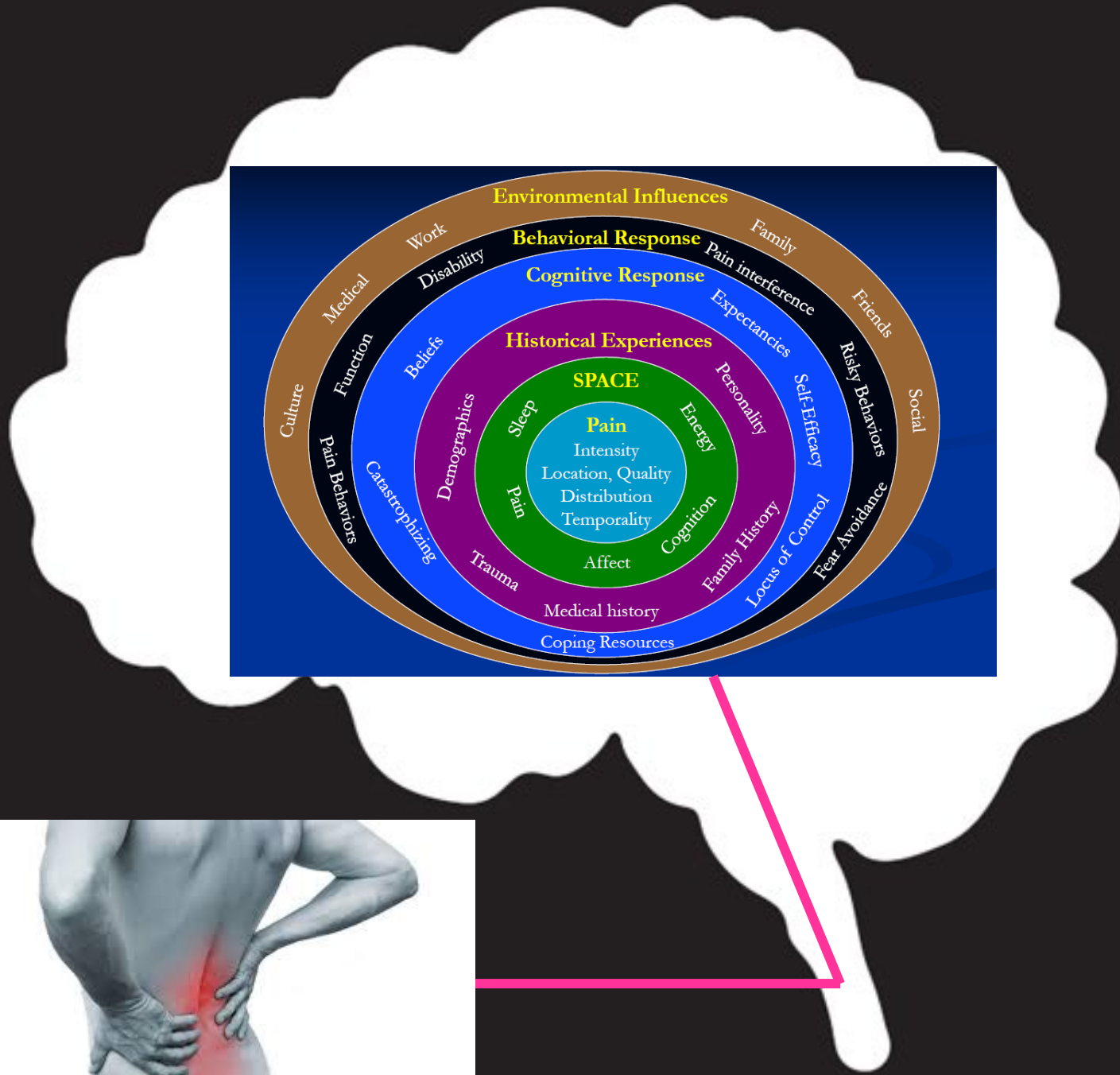
# Domains of Pain Assessment



Do we need to assess everything?







# How to ERASE S.P.A.C.E.

Emotions

Reflections

Actions

Sleep

Environment



Sleep, Pain, Affect, Cognitive changes, Energy deficits

# Targets

- Self-Management
  - Behavioral Sleep Strategies
  - Pacing
  - Social
- Physical Therapy
  - Functional status
- Cognitive Behavioral Therapy
  - Anxiety
  - Beliefs