

Pain Management Resident Questionnaire

- 1 Have you experienced any pain in the past 24 hours?
 (1) Yes (2) No
 If you answered "no" to question No. 1, please stop now. If you answered "yes," complete the rest of the questionnaire.

- 2 On this scale, how much pain are you having right now?

0	1	2	3	4	5	6	7	8	9	10
<i>No</i>										<i>Worst pain</i>
<i>pain</i>										<i>possible</i>

- 3 On this scale, please indicate the worst pain you have had in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
<i>No</i>										<i>Worst pain</i>
<i>pain</i>										<i>possible</i>

- 4 On this scale, please indicate the average (usual) level of pain you have had in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
<i>No</i>										<i>Worst pain</i>
<i>pain</i>										<i>possible</i>

- 5 Circle the number below that describes how, during the past 24 hours, pain has interfered with your:
 - A. General activity

0	1	2	3	4	5	6	7	8	9	10
<i>Does not</i>										<i>Completely</i>
<i>interfere</i>										<i>interferes</i>
 - B. Mood

0	1	2	3	4	5	6	7	8	9	10
<i>Does not</i>										<i>Completely</i>
<i>interfere</i>										<i>interferes</i>
 - C. Walking ability

0	1	2	3	4	5	6	7	8	9	10
<i>Does not</i>										<i>Completely</i>
<i>interfere</i>										<i>interferes</i>
 - D. Sleep

0	1	2	3	4	5	6	7	8	9	10
<i>Does not</i>										<i>Completely</i>
<i>interfere</i>										<i>interferes</i>

- 6 Early in your care, did a physician or nurse make it clear to you that the treatment of pain is very important and that you should be sure to tell them when you have pain?
 (1) Yes (2) No
 a) If yes, what was your comfort goal? _____
 I do not know _____

- 7 Select the phrase that indicates how satisfied or dissatisfied you are with the way your nurses responded to your reports of pain:
 (1) Very dissatisfied
 (2) Dissatisfied
 (3) Slightly dissatisfied
 (4) Slightly satisfied
 (5) Satisfied
 (6) Very satisfied

- 8 Select the phrase that indicates how satisfied or dissatisfied you are with the way your physicians responded to your reports of pain:
 (1) Very dissatisfied
 (2) Dissatisfied
 (3) Slightly dissatisfied
 (4) Slightly satisfied
 (5) Satisfied
 (6) Very satisfied

- 9 If you were not satisfied with your pain treatment in any way, please explain why: _____

- 10 When you asked for pain medication, what was the longest time you had to wait to get it?
 (1) < 10 minutes
 (2) 10-20 minutes
 (3) 20-30 minutes
 (4) 30-60 minutes
 (5) > 60 minutes
 (6) Asked for medication but never received it
 (7) Never asked for pain medication

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This material is provided by North Dakota Health Care Review, Inc., Minot, ND, 701-852-4231, under contract #500-99-ND03 with the Centers for Medicare and Medicaid Services (CMS), formerly HCFA. The contents presented do not necessarily reflect CMS policy.

August 2001

