

To the study coordinator: This section of the questionnaire is intended for patients who are experiencing pain in the area of their pressure sore(s). Verbally administer pages 1-3 to patient. Patient on his/her own may answer pages 4 - 16 if he/she is able.

McGill Pain Questionnaire (MPQ)

It is important that we find out whether you are having pain right now and what the pain feels like.

A1. Are you feeling pain in the area of your pressure ulcer? (If no, do not complete the rest of this questionnaire.)
 YES NO

A2. On a scale of 1 to 100 where 1 is NO PAIN and 100 is the WORST PAIN IMAGINABLE, where would you place your pain?

Please choose a number: _____

A3. What does your pain feel like right now? The following words represent pain of increasing intensity.
 (Check box that describes your pain)

1	2	3	4	5
Mild	Discomforting	Distressing	Horrible	Excruciating

A4. How does your pain change with time? Which word or words would you use to describe the pattern of your pain? (Choose ONE word group)

	Continuous, Steady, Constant
	Rhythmic, Periodic, Intermittent
	Brief, Momentary, Transient

A5. On a scale of 1 to 100 where 1 is no pain and 100 is the worst pain imaginable, where would you place the pain you have felt from your pressure sore over the last 2 weeks, on average? _____

A6. In words, how would you describe the pain you have felt from your pressure sore over the last 2 weeks, on average? The following words represent pain of increasing intensity. (Check box that best describes the patient's pain)

1 Mild	2 Discomforting	3 Distressing	4 Horrible	5 Excruciating
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A7. Are you feeling pain anywhere else on your body?

Yes

No

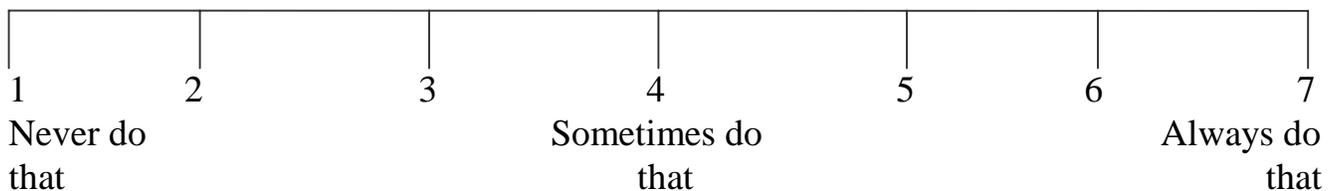
A8. Here is a list of words that have been used by other patients to describe their pain. These words are arranged in groups (boxes), each one representing a somewhat different kind of pain.

Circle the words on this list that describe your pain. Leave out any word-group that does not describe your pain. **Use no more than a single word in each box - the one that applies best to what your pain is like right now.**

1 Flickering Quivering Pulsing Throbbing Beating Pounding	2 Jumping Flashing Shooting	3 Pricking Boring Drilling Stabbing Lancinating	4 Sharp Cutting Lacerating
5 Pinching Pressing Gnawing Cramping Crushing	6 Tugging Pulling Wrenching	7 Hot Burning Scalding Searing	8 Tingling Itchy Smarting Stinging
9 Dull Sore Hurting Aching Heavy	10 Tender Taut Rasping Splitting	11 Tiring Exhausting	12 Sickening Suffocating
13 Fearful Frightful Terrifying	14 Punishing Grueling Cruel Vicious Killing	15 Wretched Blinding	16 Annoying Troublesome Miserable Intense Unbearable
17 Spreading Radiating Penetrating Piercing	18 Tight Numb Drawing Squeezing Tearing	19 Cool Cold Freezing	20 Nagging Nauseating Agonizing Dreadful Torturing

To the patient: Please answer the questions below to the best of your ability. If you need assistance, you may ask the study nurse.

Individuals who experience pain have developed a number of ways to cope with, or deal with their pain. These include saying things to themselves when they experience pain, or engaging in different activities. Below are a list of things that patients have reported doing when they feel pain. For each activity, please indicate, using the scale below, how much you engage in that activity when you feel pain, where a 1 indicates you never do that when you are experiencing pain, a 4 indicates you sometimes do that when you are experiencing pain, and a 7 indicates you always do that when you are experiencing pain. Remember you can use any point along the scale.



When I feel pain.....

- ___B1. I try to feel distant from the pain, almost as if the pain was in somebody else's body.
- ___B2. I leave the house and do something, such as going to the movies or shopping.
- ___B3. I try to think of something pleasant.
- ___B4. I don't think of it as pain but rather as a dull or warm feeling.
- ___B5. It's terrible and I feel its never going to get any better.
- ___B6. I tell myself to be brave and carry on despite the pain.
- ___B7. I read.
- ___B8. I tell myself that I can overcome the pain.
- ___B9. I take my medication.
- ___B10. I count numbers in my head or run a song through my head.

1	2	3	4	5	6	7
Never do that			Sometimes do that			Always do that

When I feel pain...

- B11. I just think of it as some other sensation, such as numbness.
- B12. It's awful and I feel it overwhelms me.
- B13. I play mental games with myself to keep my mind off the pain.
- B14. I feel my life isn't worth living.
- B15. I know someday someone will be here to help me and it will go away for a while.
- B16. I walk a lot.
- B17. I pray to God it won't last long.
- B18. I try not to think of it as my body, but rather as something separate from me.
- B19. I relax.
- B20. I don't think about the pain.
- B21. I try to think of years ahead, what everything will be like after I've gotten rid of the pain.
- B22. I tell myself that it doesn't hurt.
- B23. I tell myself I can't let the pain stand in the way of what I have to do.
- B24. I don't pay attention to it.
- B25. I have faith in doctors that someday there will be a cure for my pain.
- B26. No matter how bad it gets, I know I can handle it.
- B27. I pretend it's not there.
- B28. I worry all the time about when it will end.
- B29. I lie down.

1	2	3	4	5	6	7
Never do that			Sometimes do that			Always do that

When I feel pain.....

___B30. I replay in my mind pleasant experiences in the past.

___B31. I think of people I enjoy doing things with.

___B32. I pray for the pain to stop.

___B33. I take a shower or bath.

___B34. I imagine that the pain is outside my body.

___B35. I just go on as if nothing happened.

___B36. I see it as a challenge and don't let it bother me.

___B37. Although it hurts, I just keep on going.

___B38. I feel I can't stand it anymore.

___B39. I try to be around other people.

___B40. I ignore it.

___B41. I rely on my faith in God.

___B42. I feel like I can't go on.

___B43. I think of things I enjoy doing.

___B44. I do anything to get my mind off the pain.

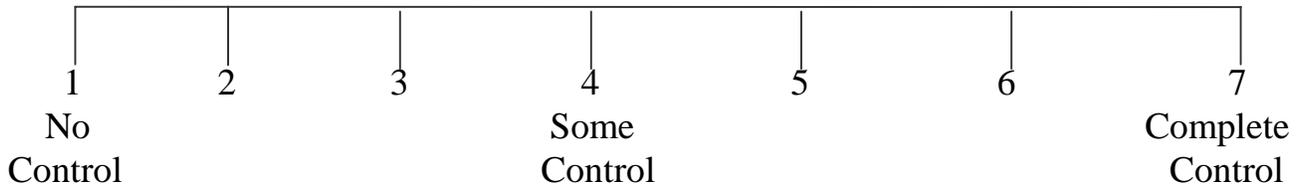
___B45. I do something I enjoy, such as watching TV or listening to music.

___B46. I pretend it's not a part of me.

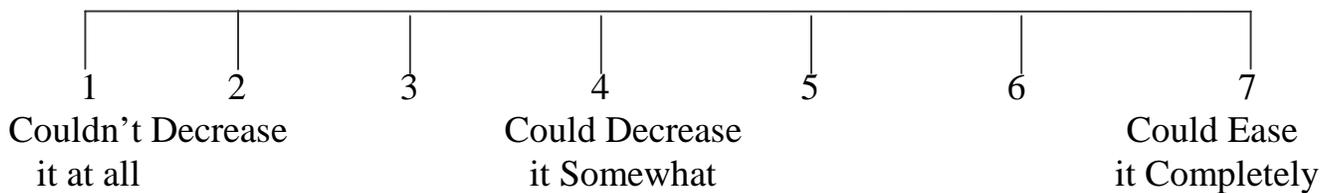
___B47. I do something active, like household chores or projects.

___B48. I use a heating pad.

B49. Based on all the things you did to cope, or deal with, your pain, on an average day, how much control do you feel over it? Please select the appropriate number along the scale. Remember, you can select any number along the scale.



B50. 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 select the appropriate number along the scale.



Brief Symptom Inventory (BSI) Questionnaire

INSTRUCTIONS: Below is a list of problems people sometimes have. Please read each one carefully, and circle the number to the right that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY**. Circle only one number for each problem and do not skip any items.

HOW MUCH WERE YOU DISTRESSED BY:

	Not At all	A Little Bit	Moderately	Quite a Bit	Extremely
C1. Nervousness or shakiness inside.	1	2	3	4	5
C2. Faintness or dizziness	1	2	3	4	5
C3. The idea that someone else can control your thoughts.	1	2	3	4	5
C4. Feeling others are to blame for most of your troubles.	1	2	3	4	5
C5. Trouble remembering things.	1	2	3	4	5
C6. Feeling easily annoyed or irritated.	1	2	3	4	5
C7. Pains in the heart or chest.	1	2	3	4	5
C8. Feeling afraid in open spaces.	1	2	3	4	5

HOW MUCH WERE YOU DISTRESSED BY:

		Not At all	A Little Bit	Moderately	Quite a Bit	Extremely
C9.	Thoughts of ending your life.	1	2	3	4	5
C10.	Feeling that most people cannot be trusted.	1	2	3	4	5
C11.	Poor appetite.	1	2	3	4	5
C12.	Feeling suddenly scared for no reason.	1	2	3	4	5
C13.	Temper outbursts that you could not control.	1	2	3	4	5
C14.	Feeling lonely even when you are with people.	1	2	3	4	5
C15.	Feeling blocked in getting things done.	1	2	3	4	5
C16.	Feeling lonely.	1	2	3	4	5
C17.	Feeling blue.	1	2	3	4	5

HOW MUCH WERE YOU DISTRESSED BY:

	Not At all	A Little Bit	Moderately	Quite a Bit	Extremely
C18. Feeling no interest in things.	1	2	3	4	5
C19. Feeling fearful.	1	2	3	4	5
C20. Your feelings being easily hurt.	1	2	3	4	5
C21. Feeling that people are unfriendly or dislike you.	1	2	3	4	5
C22. Feeling inferior to others.	1	2	3	4	5
C23. Nausea or upset stomach.	1	2	3	4	5
C24. Feeling that you are watched or talked about by others.	1	2	3	4	5
C25. Trouble falling asleep.	1	2	3	4	5
C26. Having to check and double check what you do.	1	2	3	4	5
C27. Difficulty making decisions.	1	2	3	4	5

HOW MUCH WERE YOU DISTRESSED BY:

	Not At all	A Little Bit	Moderately	Quite a Bit	Extremely
C28. Feeling afraid to travel on buses, subways or trains.	1	2	3	4	5
C29. Trouble getting your breath.	1	2	3	4	5
C30. Hot or cold spells.	1	2	3	4	5
C31. Having to avoid certain things, places, or activities because they frighten you.	1	2	3	4	5
C32. Your mind going blank	1	2	3	4	5
C33. Numbness or tingling in parts of your body.	1	2	3	4	5
C34. The idea that you should be punished for your sins.	1	2	3	4	5
C35. Feeling hopeless about the future.	1	2	3	4	5
C36. Trouble concentrating.	1	2	3	4	5
C37. Feeling weak in parts of your body.	1	2	3	4	5

HOW MUCH WERE YOU DISTRESSED BY:

	Not At all	A Little Bit	Moderately	Quite a Bit	Extremely
C38. Feeling tense or keyed up.	1	2	3	4	5
C39. Thoughts of death or dying.	1	2	3	4	4
C40. Having urges to beat, injure or harm someone.	1	2	3	4	5
C41. Having urges to break or smash things.	1	2	3	4	5
C42. Feeling very self-conscious with others.	1	2	3	4	5
C43. Feeling uneasy in crowds.	1	2	3	4	5
C44. Never feeling close to another person.	1	2	3	4	5
C45. Spells of terror or panic.	1	2	3	4	5
C46. Getting into frequent arguments.	1	2	3	4	5
C47. Feeling nervous when you are left out.	1	2	3	4	5

HOW MUCH WERE YOU DISTRESSED BY:

	Not At all	A Little Bit	Moderately	Quite a Bit	Extremely
C48. Others not giving you proper credit for your achievements.	1	2	3	4	5
C49. Feeling so restless you couldn't sit still.	1	2	3	4	5
C50. Feelings of worthlessness.	1	2	3	4	5
C51. Feeling that people will take advantage of you if you let them.	1	2	3	4	5
C52. Feelings of guilt.	1	2	3	4	5
C53. The idea that something is wrong with your mind.	1	2	3	4	5

Mood Inventory

Below is a list of the ways you might have felt or behaved. Please circle the answer that best describes how often you have felt or behaved this way DURING THE PAST WEEK.

1 = Rarely or None of the time = less than 1 day

2 = Some or Little of the time = 1-2 days

3 = Occasionally or a Moderate amount of time = 3-4 days

4 = Most or All of the time = 5-7 days

	Rarely/ None of the Time	Some or Little of the Time	Occasional/ Moderate Amount of time	Most/All of the Time
D1. I was bothered by the things that usually don't bother me.	1	2	3	4
D2. I did not feel like eating. My appetite was poor.	1	2	3	4
D3. I felt I could not shake off the blues even with the help from family and friends.	1	2	3	4
D4. I felt that I was just as good as other people.	1	2	3	4
D5. I had trouble keeping my mind on what I was doing.	1	2	3	4

1 = Rarely or None of the time = less than 1 day

2 = Some or Little of the time = 1-2 days

3 = Occasionally or a Moderate amount of time = 3-4 days

4 = Most or All of the time = 5-7 days

		Rarely /None of the Time	Some or Little of the Time	Occasional/ Moderate Amount of time	Most/All of the Time
D6.	I felt depressed.	1	2	3	4
D7.	I felt that everything I did was an effort.	1	2	3	4
D8.	I felt hopeful about the future.	1	2	3	4
D9.	I thought my life had been a failure.	1	2	3	4
D10.	I felt fearful.	1	2	3	4

- 1 = Rarely or None of the time = less than 1 day
 2 = Some or Little of the time = 1-2 days
 3 = Occasionally or a Moderate amount of time = 3-4 days
 4 = Most or All of the time = 5-7 days

	Rarely /None of the Time	Some or Little of the Time	Occasional/ Moderate Amount of time	Most/All of the Time
D11. My sleep was restless.	1	2	3	4
D12. I was happy.	1	2	3	4
D13. I talked less than usual.	1	2	3	4
D14. I felt lonely.	1	2	3	4
D15. People were unfriendly.	1	2	3	4

- 1 = Rarely or None of the time = less than 1 day
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	Rarely /None of the Time	Some or Little of the Time	Occasional/ Moderate Amount of time	Most/All of the Time
D16. I enjoyed life.	1	2	3	4
D17. I had crying spells.	1	2	3	4
D18. I felt sad.	1	2	3	4
D19. I felt that people dislike me.	1	2	3	4
D20. I could not "get going".	1	2	3	4

THANK YOU VERY MUCH FOR YOUR TIME.