

---

---

## Pain Outcomes Questionnaire – VA/S/INPT: Intake

Michael E. Clark, Ph.D. and Ronald J. Gironda, Ph.D.  
James A. Haley Veterans Affairs Hospital, Tampa, FL

---

---

**Patient:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

- 1.) Enter today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)
- 2.) What is your age? \_\_\_\_\_
- 3.) Please indicate your sex:  
A) male B) female
- 4.) Please indicate your race:  
A) African American      D) Asian  
B) White                      E) American Indian  
C) Hispanic                      F) Other
- 5.) What is your current marital status?  
A) never married              D) divorced or separated  
B) married                      E) widowed  
C) living with someone but not married
- 6.) What is your current employment status?  
A) full-time employment      D) unemployed, looking for work  
B) part-time employment      E) unemployed, disabled  
C) unemployed, not interested      F) retired due to pain  
    in returning to work      G) retired not due to pain
- 7.) How many years of education have you completed starting with the first grade?  
\_\_\_\_ Years
- 8.) Please select all of the following types of claims you have filed related to your pain problem:  
A) workers' compensation  
B) personal injury (unrelated to work)  
C) Social Security Disability Insurance (SSDI)  
D) other insurance  
E) none  
F) VA Service Connection





21.) Does your pain interfere with your ability to carry/handle everyday objects such as a bag of groceries or books?

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

22.) Walking even a few feet causes my pain to become unbearable.

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

23.) Does your pain interfere with your ability to climb stairs?

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

24.) Does your pain require you to use a cane, walker, wheelchair or other devices?

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

25.) When I move any part of my body my pain gets much worse.

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

26.) Does your pain interfere with your ability to bathe yourself?

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

27.) Does your pain interfere with your ability to dress yourself?

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

28.) Does your pain interfere with your ability to use the bathroom?

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

29.) Does your pain interfere with your ability to manage your personal grooming (for example, combing your hair, brushing your teeth, etc.)?

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

30.) My chronic pain prevents me from sleeping more than two hours a night.

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

31.) Does your pain affect your self-esteem or self-worth?

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

32.) My pain is worse than the pain others with my condition experience.

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

33.) How would you rate your physical activity?

0 1 2 3 4 5 6 7 8 9 10  
significant limitation in basic activities can perform vigorous activities without limitation

34.) How would you rate your overall energy?

0 1 2 3 4 5 6 7 8 9 10  
totally worn out most energy ever

35.) My chronic pain prevents me from doing anything that I enjoy.

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

36.) How would you rate your strength and endurance **TODAY?**

0 1 2 3 4 5 6 7 8 9 10  
very poor strength and endurance very high strength and endurance

37.) How would you rate your feelings of depression **TODAY?**

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

38.) How would you rate your feelings of anxiety **TODAY**?

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

39.) I can not imagine experiencing anything that hurts more than the chronic pain I experience every day.

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

40.) How much do you worry about re-injuring yourself if you are more active?

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

41.) How safe do you think it is for you to exercise?

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

42.) Do you have problems concentrating on things **TODAY**?

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

43.) Every time one of my pain problems improves another one starts or gets worse.

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

44.) How often do you feel tense?

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


45.) My pain never gets better.

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

46.) Please indicate your VA Service Connection status:

- A) non-Service Connected
- B) non-Service Connected pension
- C) Service Connected

If you answered **C)** to question #46, **COMPLETE QUESTION #47.**

If you did **NOT** answer **C)** to question #46, **SKIP TO NEXT PAGE.** 

47.) If you are Service Connected, what is your total percentage?

\_\_\_\_\_ Percent

**(PLEASE CONTINUE TO THE NEXT PAGE)**





