



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 #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
No pain *Worst pain possible*

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
No pain *Worst pain possible*

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
No pain *Worst pain possible*

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
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. Sleep

0 1 2 3 4 5 6 7 8 9 10
Does not interfere *Completely interferes*

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

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) less than 10 minutes
 (2) 10-20 minutes
 (3) 20-30 minutes
 (4) 30-60 minutes
 (5) more than 60 minutes
 (6) asked for medication but never received it
 (7) never asked for pain medication

Document available at www.primaris.org

MO-06-09-PAIN June 2006 This material was prepared by Primaris, the Medicare Quality Improvement Organization for Missouri, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

May be duplicated for use in clinical practice, From McCaffery M, Pasero C: *Pain: Clinical Manual*, p. 93, Copyright 1999, Mosby, Inc.