



International Association for the Study of Pain

MULTIDISCIPLINARY PAIN CENTER DEVELOPMENT MANUAL



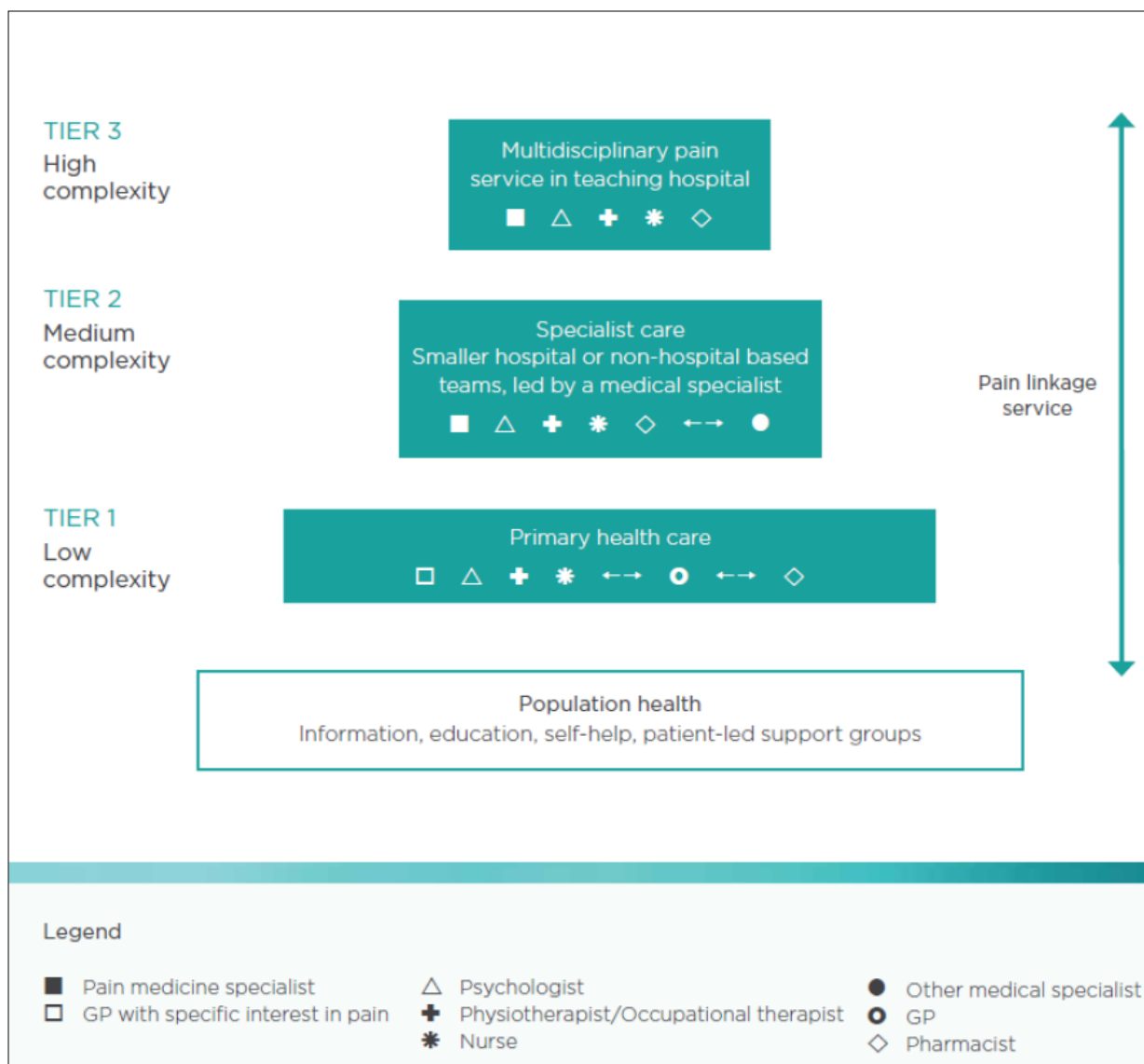
Created by the IASP Multidisciplinary Pain Center Toolkit Advisory Group

www.iasp-pain.org/MPCManual

APPENDICES



Appendix 1: Model of Care Example (from the Agency for Clinical innovation, NSW Ministry of Health, Australia)



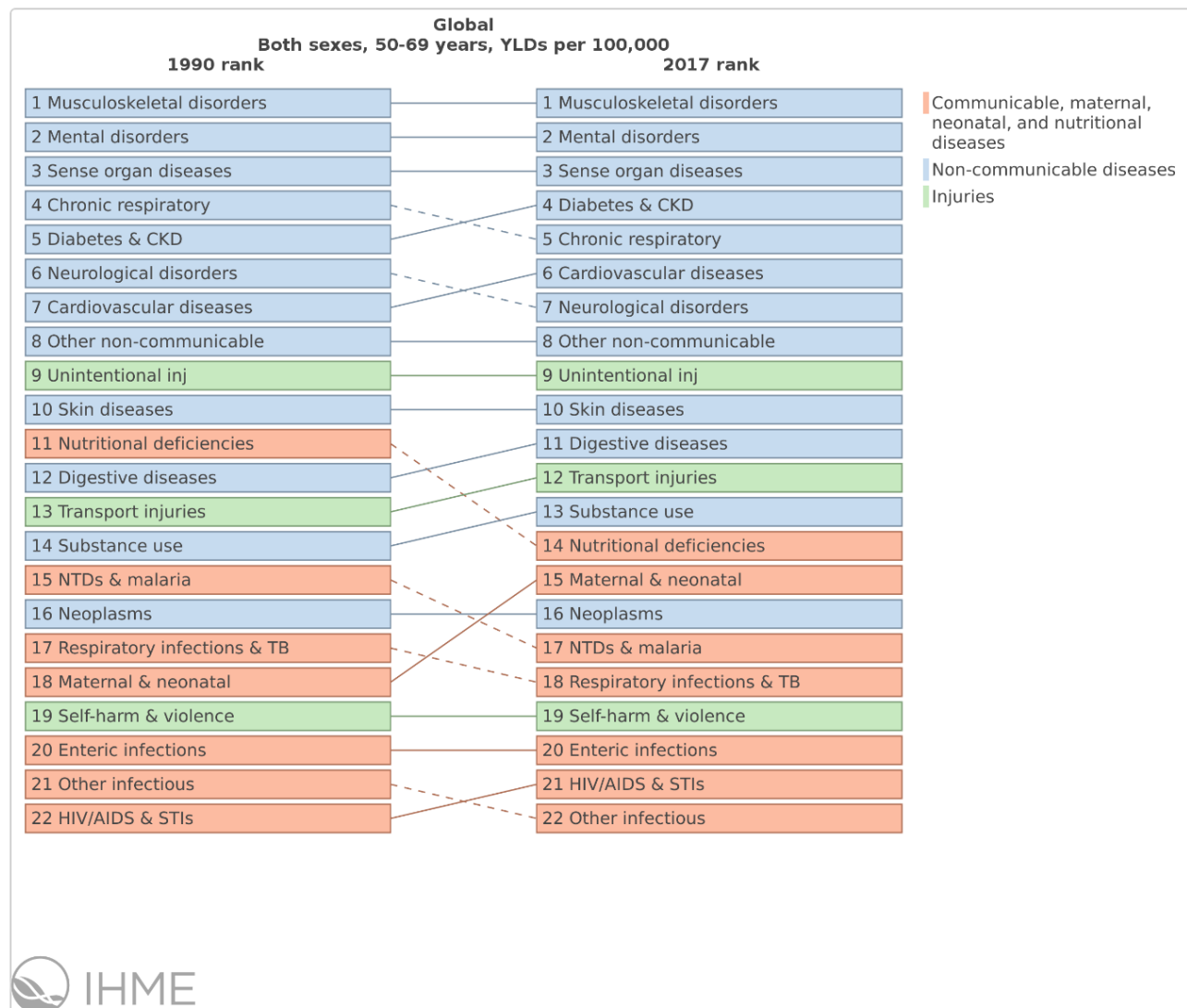
Source: NSW Ministry of Health. NSW Pain Management Pain 2012-2016: NSW Government Response to the Pain Management Taskforce Report. 2012. <https://www.health.nsw.gov.au/PainManagement/Publications/government-response-taskforce-report.pdf>

Burden of Disease studies are used to rank the effects of diseases on the health of populations for priority setting purposes (Isfeld-Kiely and Balakumar, 2015). The Global Burden of Disease Study (<http://www.healthdata.org/gbd>) has been the main source of evidence about national and global burden of disease for the last two decades, and the methods developed to estimate burden have been widely adopted by a number of countries for the purposes of local burden of disease estimation.

Burden of disease has two components: fatal burden, where years-of-life expectancy are lost due to a disease, and non-fatal burden, where years of life are lived with disability due to a disease (Gold et al., 2002).

Globally, musculoskeletal disorders are the leading group of causes of non-fatal burden of disease. **Figure 1** shows rankings at two time points for an indicative age group.

Figure 1: Leading Causes of Non-fatal Burden of Disease (Years Lived with Disability), Males and Females aged 50-69 years in 1990 and 2017.



The following figures show leading causes of disability (non-fatal) burden of disease in particular Southeast Asian countries in selected age groups using data and graphics from the Global Burden of Disease Study (<http://www.healthdata.org/gbd>). Created from data visualizations on this website and downloaded January 26, 2019.

The group of musculoskeletal diseases includes low back pain and neck pain. Low back pain is the leading specific condition worldwide, contributing to Years Lived with Disability (non-fatal burden of disease).

Figure 2. Estimated Years Lived with Disability, Males and

Both sexes, 15-49 years, 2017, YLDs per 100,000

	Indonesia	Malaysia	Myanmar	Vietnam	Thailand	Philippines	Laos	Cambodia
Musculoskeletal disorders	1	2	2	1	1	1	2	1
Mental disorders	2	1	1	2	2	2	1	2
Neurological disorders	3	3	3	3	3	3	3	3
Other non-communicable	4	4	4	4	4	5	4	4
Sense organ diseases	5	7	5	7	6	4	8	5
Diabetes & CKD	6	6	6	8	7	6	6	8
Skin diseases	7	5	7	6	5	7	5	6
Chronic respiratory	8	9	8	10	9	8	7	9
Nutritional deficiencies	9	13	9	16	18	12	10	7
Substance use	10	8	10	5	8	9	9	10
Maternal & neonatal	11	10	13	11	12	11	14	12
Transport injuries	12	12	14	12	11	15	11	14
Cardiovascular diseases	13	11	16	13	10	14	12	16
Respiratory infections & TB	14	14	15	14	17	10	15	13
NTDs & malaria	15	18	12	9	13	13	13	18
Digestive diseases	16	15	17	15	14	16	17	17
Unintentional inj	17	17	11	17	16	18	16	15
HIV/AIDS & STIs	18	19	19	18	15	19	18	19
Enteric infections	19	16	20	19	20	20	20	20
Self-harm & violence	20	20	18	20	19	17	19	11
Other infectious	21	21	21	22	22	22	21	21
Neoplasms	22	22	22	21	21	21	22	22



Figure 3. Estimated Years Lived with Disability, Males and Females Aged 50-69 years, 2017.

Both sexes, 50-69 years, 2017, YLDs per 100,000

	Indonesia	Malaysia	Myanmar	Vietnam	Thailand	Philippines	Laos	Cambodia
Musculoskeletal disorders	1	1	1	1	1	1	1	1
Sense organ diseases	2	4	2	2	3	2	5	2
Diabetes & CKD	3	3	3	4	4	3	2	4
Mental disorders	4	2	5	3	2	5	3	3
Cardiovascular diseases	5	5	7	6	6	7	6	7
Chronic respiratory	6	7	4	7	8	4	4	5
Neurological disorders	7	6	6	5	5	6	7	6
Other non-communicable	8	8	8	8	7	8	8	8
Nutritional deficiencies	9	14	10	17	14	13	10	9
Skin diseases	10	9	9	9	9	9	9	11
Transport injuries	11	10	13	10	10	11	11	12
Respiratory infections & TB	12	18	15	15	19	10	15	14
Digestive diseases	13	11	14	14	12	12	14	15
Unintentional inj	14	12	12	12	13	14	13	13
NTDs & malaria	15	20	11	11	11	15	12	16
Maternal & neonatal	16	16	20	18	17	19	20	20
Enteric infections	17	15	19	19	20	20	18	17
Substance use	18	17	18	13	16	18	16	18
Neoplasms	19	13	16	16	15	17	17	19
Self-harm & violence	20	19	17	20	21	16	19	10
Other infectious	21	21	22	21	22	21	22	22
INVAIDS & STIs	22	22	21	22	18	22	21	21


 IHME

Figure 4. Estimated Years Lived with Disability, Males and Females Aged 70 and Over, 2017.

Both sexes, 70+ years, 2017, YLDs per 100,000

	Indonesia	Malaysia	Myanmar	Vietnam	Thailand	Philippines	Laos	Cambodia
Sense organ diseases	1	1	1	1	1	1	2	1
Musculoskeletal disorders	2	2	3	2	2	2	1	2
Cardiovascular diseases	3	3	5	3	3	5	5	5
Diabetes & CKD	4	4	4	4	4	4	4	4
Chronic respiratory	5	5	2	5	6	3	3	3
Neurological disorders	6	6	6	6	5	6	6	6
Mental disorders	7	7	7	7	7	7	7	7
Other non-communicable	8	8	8	8	8	8	8	8
Nutritional deficiencies	9	13	10	16	10	11	10	9
Skin diseases	10	9	9	9	9	9	9	10
Transport injuries	11	10	13	10	11	13	11	13
Respiratory infections & TB	12	16	14	15	17	10	15	11
Enteric infections	13	12	17	17	16	18	17	15
Digestive diseases	14	15	16	14	14	12	13	16
Unintentional inj	15	14	11	11	13	15	14	12
Neoplasms	16	11	15	12	15	14	16	17
NTDs & malaria	17	19	12	13	12	16	12	14
Substance use	18	17	18	18	18	19	18	19
Other infectious	19	21	20	21	21	21	20	20
Maternal & neonatal	20	20	21	20	22	20	22	22
Self-harm & violence	21	18	19	19	19	17	19	18
HIV/AIDS & STIs	22	22	22	22	20	22	21	21

References

[1] Gold MR, Stevenson D, Fryback DG. HALYS and QALYS and DALYs, oh my: Similarities and differences in summary measures of population health. *Ann Rev Pub health* 2002; 23: 115-34.

[2] Isfeld-Kiely H and Balakumar S. Framing Burden: Towards a new framework for measuring burden of disease in Canada. NCCID 2015.



Appendix 3: Examples of Position Descriptors for MPC Team

All countries will have their own versions, but these examples from one MPC in Australia are intended as a guide to the sorts of qualifications, duties, and roles that potential personnel might be expected to possess or be able to perform.

1. Pain Medicine Specialist

Position Description: Staff Specialist

Speciality/Sub-Specialty: Pain Medicine

Position Title: Staff Specialist in Pain Medicine

Essential Requirements: National Police Check and Working with Children Check

Primary Purpose: Staff Specialist in Pain Medicine working in the Pain Management Department, Royal North Shore Hospital, Sydney

KEY ACCOUNTABILITIES:

Clinical

- Provide a speciality service consistent within the defined scope of practice for Facility Hospital and where applicable in the community.
- Provide a specialist consultation service as required by other Senior Medical Staff
- Participate in an oncall roster determined by the Head of Department
- Liaise with other health professions involved in patient management and care
- Comply with Hospital/Local health District (LHD)/Ministry of Health policies and procedures regarding the prescription of medications and the ordering of tests
- Supervise and commit to accurate documentation and completion of medical records to reflect clinical decisions, tests, procedures, and discussions.

Responsibilities to patients:

- Provide clinical management and timely treatment of patients under your care, both as an inpatients and where applicable in the community under the LHD community care model.
- Perform ward rounds as required for inpatient care as far as possible within the normal working hours of the unit (8.00am to 5.00pm).
- Ensure appropriate arrangements are made for patients on discharge from hospital to maximise continuity of care and good health outcomes.
- Liaise with patient families and carers as appropriate.
- Liaison with community health services and other government and non-government agencies in the coordinated provision of care.

(continued)

Appendix 3: Examples of Position Descriptors for MPC Team

Administrative Matters

- Attend Departmental, Division, and LHD meetings as required
- Participate in LHD and Hospital committees which may include providing expert advice (in conjunction with colleagues) including equipment, clinical service development and future directions.
- Participate in at least 75% of your departmental Morbidity and Mortality meetings
- Participate in clinical quality activities – including peer review, clinical practice audit, Root Cause Analysis, London Protocols, and HEAPs Analysis.
- Provide at least 4 weeks notification to Divisional Manager of planned/intended leave arrangements, ensuring any on-call commitments are covered by an appropriate colleagues by agreement.

Quality and Research Activities

- Initiate and participate in appropriate Departmental and Hospital Quality assurance and risk management projects.
- Participation in organizational accreditation processes.
- Participation in Departmental Mortality and Morbidity meetings, Sentinel Event meetings, or Peer Review meetings.
- Systematically review clinical performance of self and Department
- Participate in patient complaint reviews and response to patient complaints.
- Participate in Root Cause Analysis teams as requested.

Supervision, Training and Education

- Involvement in multidisciplinary supervision, training, and education – including Nursing, Allied Health, Junior Medical Staff, other members of the multidisciplinary team, and Emergency Department.
- Professional Development, Continuing Education and Maintenance of Standards
- Meet the Recertification and Continuing Professional Standards of your College and the Medical Board of Australia.
- Disclose your recertification to the Hospital if asked.

General Duties

- Comply with Acts of Parliament, professional conduct, Health service Code of Conduct, WHS, EEO, Bullying and Harassment and other LHD policies and procedures.
- Use LHD resources efficiently.

2. Clinical Psychologist

POSITION TITLE: Clinical Psychologist

DEPARTMENT FACILITY: Pain Management

ORGANISATIONAL RELATIONSHIPS (*Insert Org Chart*)

RESPONSIBLE TO:

OPERATIONAL:

PROFESSIONAL:

RESPONSIBLE FOR FOLLOWING STAFF:

PERFORMANCE REVIEW & DEVELOPMENT PLANNING:

3 months after commencement: (insert date) Annual: (insert date)

QUALIFICATIONS, SKILLS & EXPERIENCE:

Essential: (Qualifications, experience or requirements which must be possessed by the occupant to effectively perform the duties and responsibilities).

- Master of Clinical Psychology (or equivalent)
- Completed at least two years supervised work as a Psychologist post-Master of Clinical Psychology degree
- Good communication skills
- Demonstrated ability to work cooperatively with other staff
- Experience in group and individual cognitive-behavioural therapies

Desirable: (Qualifications, experience or requirements which would greatly assist the occupant, but their absence would not prevent the effective discharge of the responsibilities off their job within an acceptable period).

- Experience in assessment and management of people with chronic pain conditions
- Experience in treating depression, anxiety and adjustment disorders, including PTSD
- Experience in assessing and managing people with chronic illnesses.
- Experience in managing people with Personality disorders

(continued)

POSITION OVERVIEW: OBJECTIVE, NATURE & SCOPE

Organisational Context: Member of multidisciplinary team in Department of Pain Management.

This position is divided between direct patient service activities associated with the Department's pain management programs, as well as assessment and treatment of individual patients referred to the Department.

ROLE RESPONSIBILITIES:

Duties:

1. To conduct psychological assessments of patients attending the Pain Management Department, present the findings of such assessments to multidisciplinary meetings, to write reports based on these assessments and to maintain patients' notes.
2. To implement a group cognitive-behavioural pain management program as required by the Program Director.
3. To conduct individual psychological therapy as required.
4. To actively and cooperatively participate as a member of a multidisciplinary team.
5. To compile outcome and follow-up reports, liaise with other health care providers in relation to patients seen at the Pain Management Department.
6. To assist the Program Director, Program Coordinators and Program Office Manager in the organisation and operation of the pain management programs.
7. To participate in research and quality assurance activities within the Department.
8. To participate in educational activities both in and outside the Department, including supervision of trainee clinical psychologists.
9. Other duties as required by the Director of the Pain Management programs.

3. Physiotherapist

Level 6 Physiotherapist

Essential Criteria:

- Current **(Australian)** Physiotherapy qualification and registration.
- Post-graduate education in Pain Management and membership of relevant professional bodies.
- Extensive experience of working in a complex and chronic pain setting without direct supervision, in clinical, educational and administrative/organisational roles.
- Demonstrated ability to perform complex musculoskeletal and bio-psycho-social assessments, including triage.
- Demonstrated ability to manage patients according to current evidence-based models of care within a patient centred framework; including cognitive-behavioural management of chronic pain sufferers in a multi-disciplinary setting.
- Proven experience in having worked successfully in a multi-disciplinary team with the communication and interdisciplinary skills to facilitate this role.
- Proven ability to develop novel services and pathways for integrated care throughout the public hospital system, including skills in leading and coordinating multidisciplinary care.
- Experience in the delivery of clinical education and mentoring to undergraduate students, post-graduate students, physiotherapists and other medical and allied health professionals, locally, nationally and internationally.
- Evidence of past and current participation in the preparation and delivery of novel forms of education, and design, implementation and evaluation of quality assurance and audit projects.
- Proven research skills and a commitment to ongoing research in pain management and presentations at *National* and International conferences.
- Understanding local legislative systems, such as WorkCover, Motor Accidents Authority.

Desirable Criteria:

- Publications on clinical topics.
- International experience in pain unit/s in large teaching hospitals.
- Experience in supporting developing programs.

4. Nurse

Registered Nurse/Coordinator - Full-Time

A rare nursing opportunity to work as a key player in a “leading-edge”, multidisciplinary team. The team is responsible for providing treatment to patients with a range of chronic pain conditions using an intensive, structured program. The RN works alongside a clinical psychologist, physiotherapist and pain specialist in an extremely integrated way. The RN is responsible for both direct patient care, individually and in groups, as well as administrative and coordinating roles within the clinic. Training and supervision for this specialised role will be provided.

Essential Criteria:

- Qualification: Registered nurse
- Demonstrated effective communication skills and demonstrated ability to work effectively in a collaborative, interdisciplinary manner
- Demonstrated effective skills in office administration
- Demonstrated ability to deal effectively with emotionally distressed patients
- Record of undertaking professional skills development since registration
- Willingness to obtain advanced training in chronic pain management

Desirable Criteria:

- Experience in chronic pain management
- Experience as a member of a multidisciplinary team conducting pain management
- or rehabilitation programs
- Experience in using cognitive-behavioural methods of counselling.
- Adult education teaching experience.
- Qualifications in recognised Pain Management education

5. Administration Officer

Purpose of position

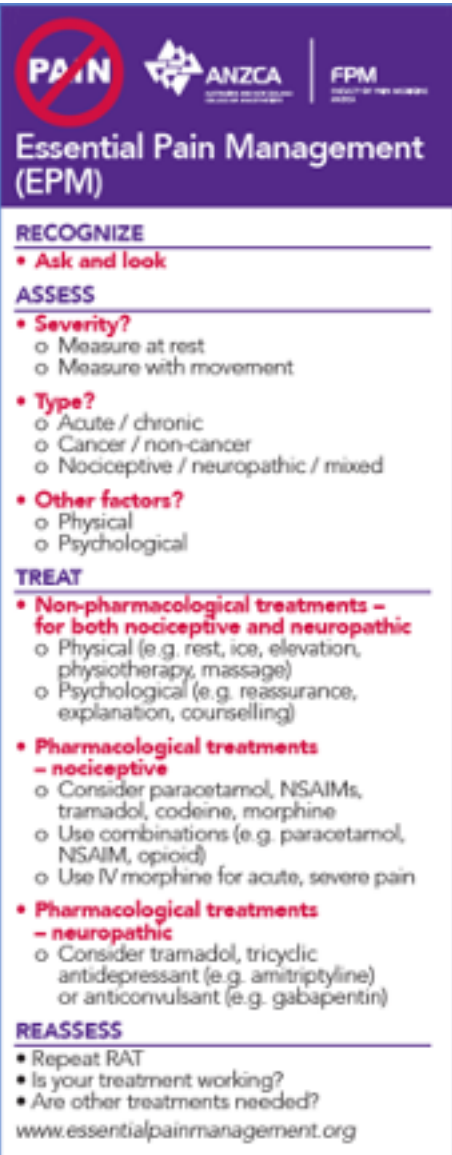
The position is to provide support and advice to support the smooth administration of the MPC.

Key Accountabilities

- Ensure the MPC office operates efficiently and effectively, and is customer-focused
- Provide timely, accurate information and advice to the MPC Head on the status and progress of administrative tasks, including identifying factors that may impact on the completion of these tasks
- Develop and maintain effective management information/filing systems;
- Manage physical and other resources to ensure efficient delivery of office and administrative services and successful completion of projects
- Ensure office/administrative support service continuity across leave periods, allocation of workload
- Adherence to OH&S, maintenance and audit requirements of office area
- Filing and document management
- Internal and external departmental liaison re essential paperwork (e.g. HR, Finance, Fund raising, etc)
- Ensure monitoring of required stock supports the service area.

Operational/Advisory:

- Responsible for making and monitoring clinic bookings
- Respond to queries from patients, health professionals or third-party payers (in person, in writing or by telephone) regarding MPC
- Prepare and send out MPC reports to various recipients as required.
- Prepare and send out invoices for MPC services and keep database of invoices raised and payments received.
- Maintain clinic records of all patients attending MPC.
- Monitor, assess and review IT needs of the department and coordinate training when required.
- Utilise software applications to report maintenance and IT faults to the relevant helpdesks.
- Organization of meetings / functions - contacting all parties/ venue/ equipment arrangements/ flyers / RSVPs etc
- Attendance as minute taker to meetings as required



Essential Pain Management (EPM)

RECOGNIZE

- Ask and look

ASSESS

- Severity?
 - Measure at rest
 - Measure with movement
- Type?
 - Acute / chronic
 - Cancer / non-cancer
 - Nociceptive / neuropathic / mixed
- Other factors?
 - Physical
 - Psychological

TREAT

- Non-pharmacological treatments – for both nociceptive and neuropathic
 - Physical (e.g. rest, ice, elevation, physiotherapy, massage)
 - Psychological (e.g. reassurance, explanation, counselling)
- Pharmacological treatments – nociceptive
 - Consider paracetamol, NSAIDs, tramadol, codeine, morphine
 - Use combinations (e.g. paracetamol, NSAID, opioid)
 - Use IV morphine for acute, severe pain
- Pharmacological treatments – neuropathic
 - Consider tramadol, tricyclic antidepressant (e.g. amitriptyline) or anticonvulsant (e.g. gabapentin)

REASSESS

- Repeat RAT
- Is your treatment working?
- Are other treatments needed?

www.essentialpainmanagement.org

This course in the basic elements of pain management can be delivered in an interactive workshop style session in either 4 or 8 hours on one day. It includes discussions and practice of the different tasks in relation to assessing and treatment planning for both acute and chronic pain cases. Usually at least two trained facilitators lead the sessions with small groups of students and health professionals. It is aimed primarily at medical students and medical practitioners, but members of other health disciplines (nurses, physiotherapists, psychologists, etc.) can participate as well.

Multiple reasons for inadequate pain management have been identified, including differing cultural attitudes towards pain, inadequate healthcare worker numbers, poor knowledge and attitudes amongst healthcare workers, and lack of access to appropriate treatments such as psychological and physical therapy services with over reliance on pharmaceutical options. Pain management education is often inadequate, and it is likely that this contributes to poor pain management in the clinic.

Essential Pain Management (EPM) is a short, easily deliverable training program designed to improve pain management worldwide. EPM provides a systematic approach for managing patients in pain. EPM aims to:

- Improve pain knowledge.
- Teach health workers to Recognize, Assess and Treat pain (RAT).

The EPM Workshop is a one-day program of interactive lectures and group discussions. Participants learn the basics of pain management, apply the RAT approach during case discussions, and problem-solve pain management barriers. The classification of pain is simplified and participants are encouraged to consider non-pharmacological as well as pharmacological treatments.

EPM has been delivered in over 60 countries around the world and been shown to be acceptable to a range of health care workers. (Nurses, registered and nurse aides, junior and senior medical practitioners and undergraduate students)

Marun, G. N., Morriss, W. W., Lim, J. S., Morriss, J. L., & Goucke, C. R. (2020). Addressing the Challenge of Pain Education in Low-Resource Countries: Essential Pain Management in Papua New Guinea. *Anesthesia and Analgesia*, 130(6), 1608-1615. <https://doi.org/10.1213/ANE.0000000000004742>

Appendix 5: Online resources for further pain education and skills training

The following list is not intended to be exhaustive, but it does provide information for those seeking further pain education either through formal, university or via educational materials from conferences and webinars available online via the IASP website. Two online post-graduate (post-licensure) degree courses are listed for health professionals in the Asian/SE Asian region. See below for contact details. In addition to educational resources, links to online pain management skills training courses are also provided below. The skills training may be accessed by health professionals from all disciplines and we have provided only those that are available online rather than in-person workshops which may be conducted in each country in the region. The Essential Pain Management (EPM) course (see [Appendix 4](#)) is an example of an in-person one day workshop that has been incorporated in the Pain Toolkit Project.

Pain Education

Formal post-graduate pain education at Masters and Diploma levels is available online via the University of Santo Tomas (Manilla) and the University of Sydney. These courses are based closely on the IASP Curriculum for Interprofessional Pain Education. The courses are fee-paying and more details can be obtained directly via their websites:

University of Santo Tomas:

Contact person: Prof. Jocelyn C. Que,
Center for Pain Medicine, University of Santo Tomas Faculty of Medicine and Surgery
Manila, Philippines 1015
Tel: (632) 406-1611 loc. 8379
Email: jcque@ust.edu.ph / joycque@gmail.com

University of Sydney:

Contact Person: Dr Elizabeth Devonshire

Course Co-ordinator, Graduate Studies in Pain Management
Pain Education Unit
Faculty of Medicine and Health
Pain Management Research Institute, Royal North Shore Hospital
Sydney, NSW 2065 AUSTRALIA
Tel: +61 2 9463 1529
Email: liz.devonshire@sydney.edu.au
Web: sydney.edu.au/medicine/pmri

Other educational materials can be found on the IASP website via PERC (the Pain Education Resource Centre). This material is open access for IASP members and provides a large repository of webinar, workshop, and conference presentations by IASP members. However, the PERC materials are not a formal education course (i.e. they do not result in a university degree or diploma), but they can contribute to Continuing Professional Education (or Continuing Medical Education) requirements for all health professionals.

Web: <https://www.iasp-pain.org/Education/Content.aspx?ItemNumber=8610&navItemNumber=8609>

Skills training

At present there is only one online skills training course available in the Asian/SE Asian region. This is conducted by the Pain Management Research Institute, University of Sydney. It is called **Putting CBT Skills into Action**.

The course provides online interactive webinar training (weekly 90-minute sessions) with 6 sessions, followed by a final (7th) session 4 weeks later for the assessment of competency in the skills taught. In addition to the online sessions, participants are expected to practice the skills taught between sessions, ideally at their workplaces. This is likely to amount to around 20 to 30 hours over the course.

(continued)

Appendix 5: Online resources for further pain education and skills training

The participants are provided with a manual and a recording of each session (in case they miss one and for revision). Videos are also used to augment the training and these too are accessible online.

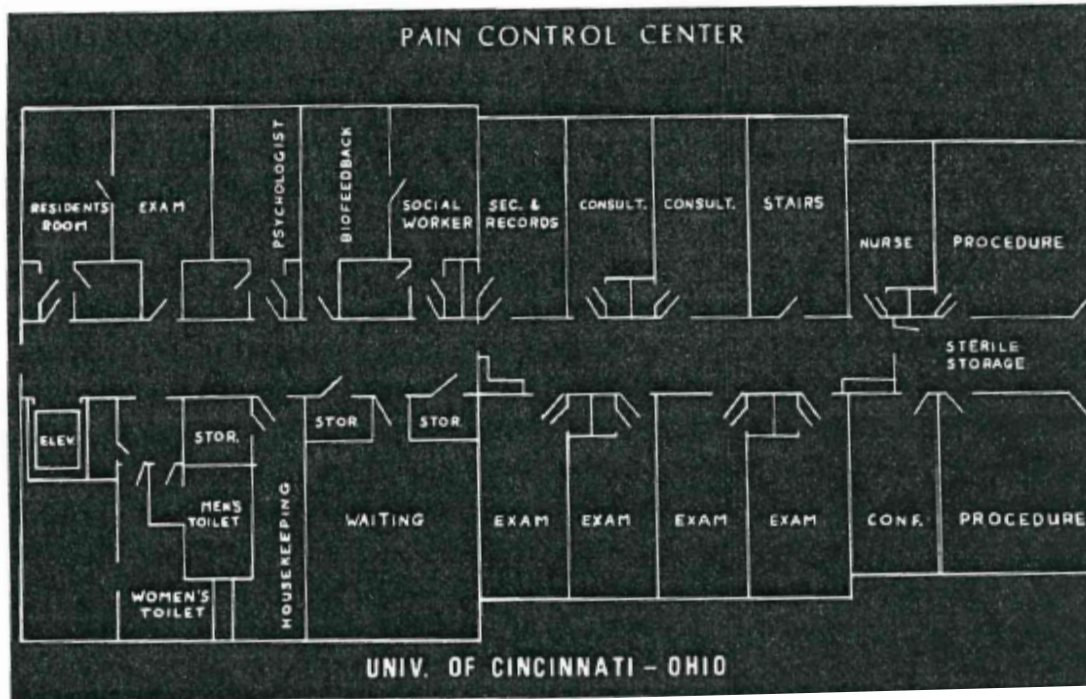
The same course materials in these online webinars were used in the 5-day workshop in Myanmar, in addition to an evaluation of competencies in the skills taught. A certificate of competency is provided at the successful completion of the course. It is intended that this training would fulfill the requirements for Tier 2 training.

When conducted from Sydney, the course is held in English, but it is intended to make training in conducting the course available to local leaders in pain management so that they can qualify to conduct the courses in their own countries in the local languages.

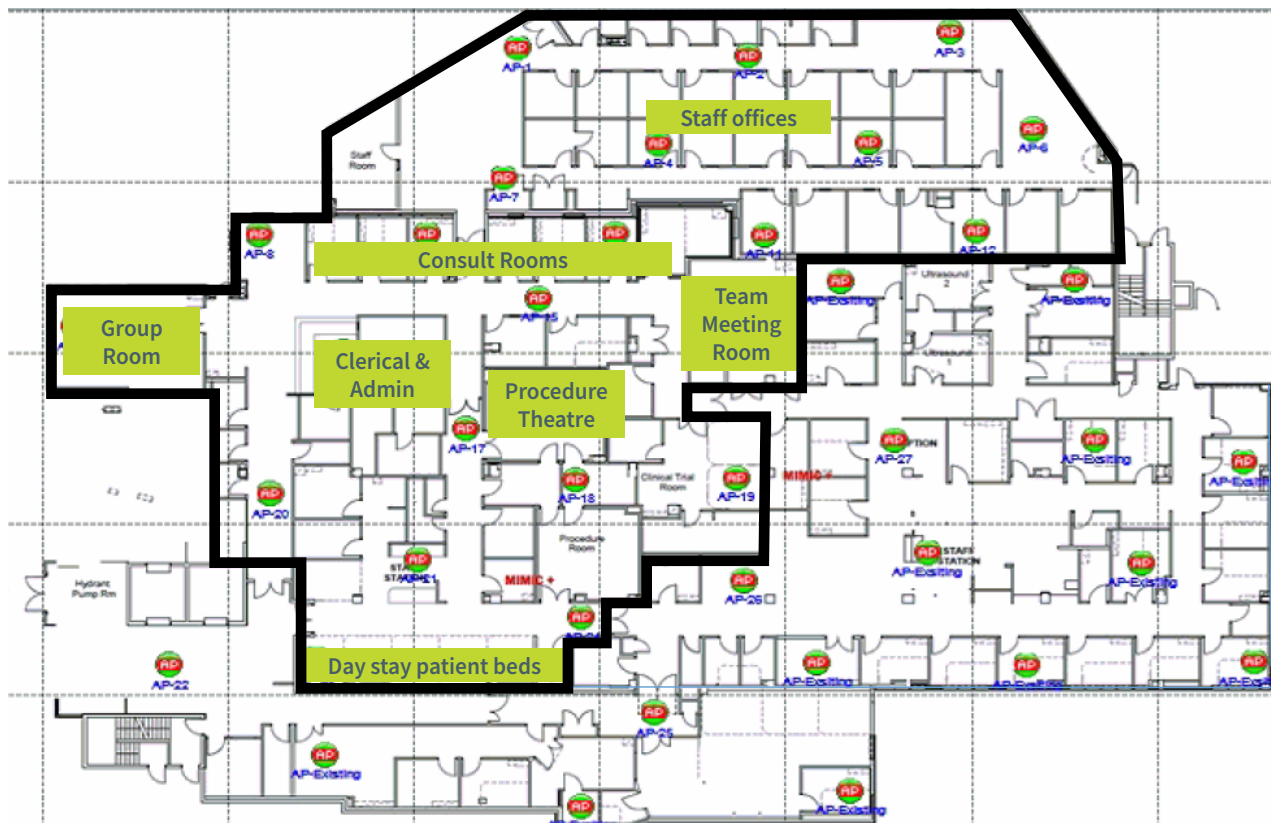
Contact Person: Dr Elizabeth Devonshire

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Web: sydney.edu.au/medicine/pmri

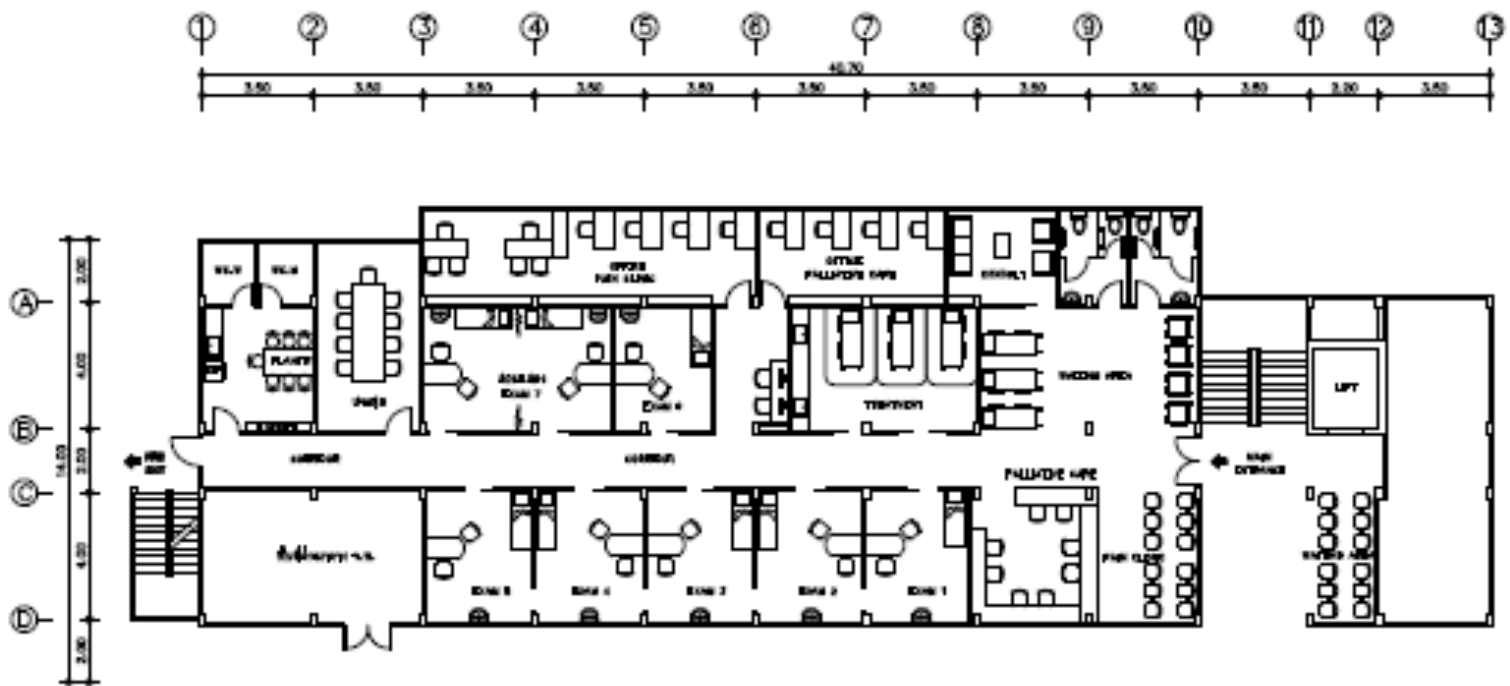
Physical facilities of a university-based comprehensive pain control center.



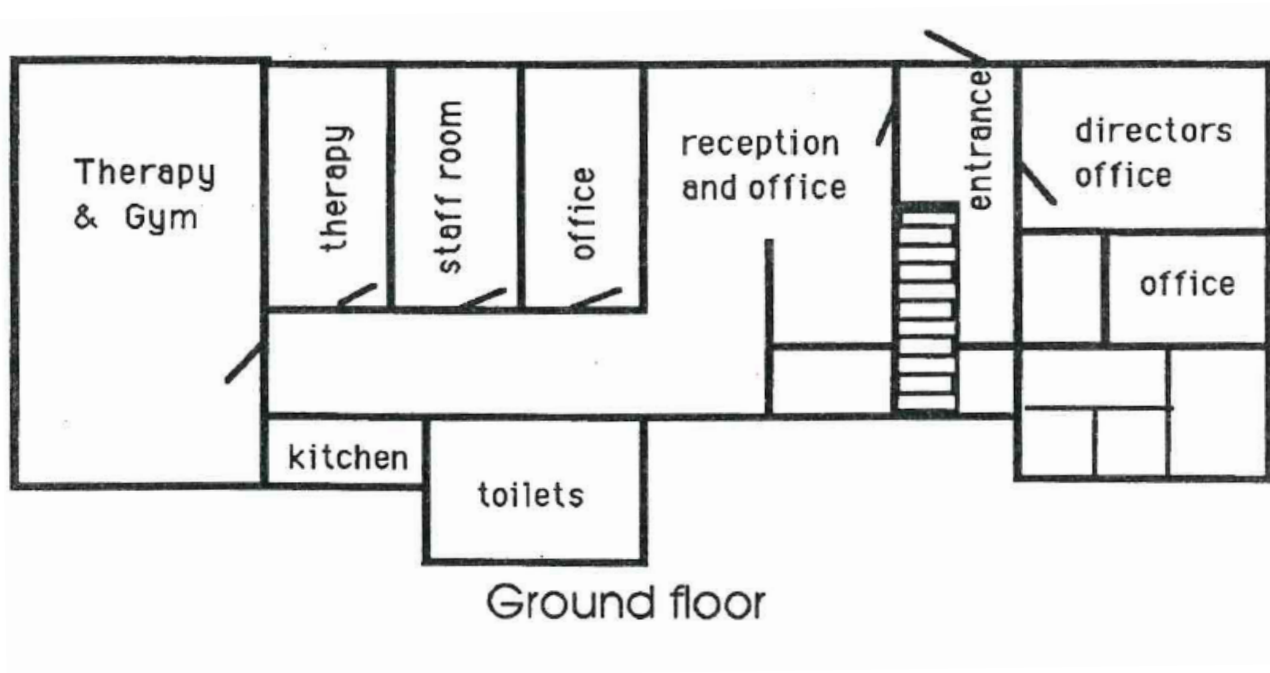
Pain Management Research Centre, Royal North Shore Hospital, Sydney



Siriraj Hospital Clinic Layout



Group Pain Management Unit (INPUT), St Thomas' Hospital, London



Appendix 7: List of Medicines needed for Multidisciplinary Pain Clinic

Medicines used in a multidisciplinary pain clinic are listed below.*

A. Medicines for pain relief

1. Simple analgesics

- a. Paracetamol / Acetaminophen
- b. Non-Steroidal Anti Inflammatory Medicines (NSAIDs) and Cyclo-oxygenase-2 inhibitors e.g. Aspirin / Acetylsalicylic Acid, Ibuprofen, Diclofenac, Mefenamic acid, Naproxen, Celecoxib, Etoricoxib

2. Opioids

- a. Codeine
- b. Morphine
- c. Oxycodone
- d. Fentanyl (transdermal)
- e. Tramadol
- f. Methadone
- g. Buprenorphine (transdermal)

3. Other / Adjuvant analgesics

- a. Antineuropathic agents, e.g. amitriptyline, nortriptyline, gabapentin, pregabalin, carbamazepine
- b. Ketamine
- c. Local anaesthetics (Lignocaine, Bupivacaine)
- d. Clonidine
- e. Entonox

B. Medicines for treatment of side effects of pain medicines

1. Anti emetics

- a. Metoclopramide
- b. Ondansetron
- c. Haloperidol
- d. Hyoscine

2. Medicines for treatment of constipation

- a. Bisacodyl
- b. Senna
- c. Lactulose

3. Antipruritic agents

- a. Diphenhydramine
- b. Loratadine
- c. Corticosteroids

4. Reversal agent for opioid-induced ventilatory impairment

- a. Naloxone

C. Medicines for treatment of symptoms other than pain (for clinics that also provide palliative medicine services e.g. for treatment of patients with advanced cancer). These include medicines for treatment of anxiety / restlessness, depression, insomnia, diarrhoea, anorexia and other symptoms.

**Please note that this is not an exhaustive list, but is meant to provide an example for those who are setting up a multidisciplinary pain clinic.*

The WHO Model List of Essential Medicines

(<https://apps.who.int/iris/bitstream/handle/10665/325771/WHO-MVP-EMP-IAU-2019.06-eng.pdf>) has a list of 6 medicines for pain and 15 medicines for other common symptoms in palliative care under section 2 (Medicines for Pain and Palliative Care).

However, there are many other medicines that are commonly used in many multidisciplinary pain clinics which are not listed here. The International Association for Hospice and Palliative Care (IAHPC) has published a list which includes 33 medicines for pain and palliative care. This can be found in *De Lima L. The international association for hospice and palliative care list of essential medicines for palliative care. Ann Oncol 2007;18:395-399.*

The WHO document only lists the name of the medicine and the formulations available, while the IAHPC publication also lists the clinical indication for the medication. Neither list gives the recommended dose of medicine for pain and other symptoms.

Most countries have their own national formulary which will also list the recommended doses of medicines — these should be consulted and compiled for each pain clinic, according to the availability of medicines in the country.

Appendix 8: Examples of Pain Scales and Questionnaires

References for multiple scales are provided in [Chapter 4](#). All are covered by copyright rules, and some incur fees for use, but most are in the public domain and free to use (with acknowledgements). Increasingly, translated versions of these measures are becoming available and, providing the translations have been done properly and published, they are likely to be preferable to the English versions in countries where English is not widely spoken. The English versions of four commonly-used measures are presented here as an example of what can be done for the collection of a standardised set of data in a MPC. Shorter versions of some (e.g. the [Pain Self-Efficacy Questionnaire](#), and [Pain Catastrophizing Questionnaire](#)) are also available and their psychometric properties have been published. Translations of these two measures are also available in many languages.

Electronic Pain Patient Outcomes Collaboration (ePPOC)

The self-report measures used across Australia and New Zealand by over 90 pain services have been supported by the Australian and New Zealand Pain Societies (both IASP Chapters) as well as the Faculty of Pain Medicine (Australia and New Zealand College of Anaesthetists, ANZCA). An account of the establishment of this project can be found in Tardif et al (2017), and normative data on these measures (all of which are in the public domain and are free to use providing copyright rules are respected) from over 13,000 patients with chronic pain are reported by Nicholas et al. (2019; 2008).

The initial ePPOC measures and questions are included here as an example only. More information can be obtained from the authors and from the developers of the individual questionnaires, as well as publications on outcome measures referred to in [Chapter 4](#).

References:

- Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. *Ann Acad Med Singap* 1994;23:129–38.
- Henry JD, Crawford JR. The short-form version of the Depression Anxiety Stress Scales (DASS-21): construct validity and normative data in a large non-clinical sample. *Br J Clin Psychol* 2005;44: 227–39.
- Nicholas MK. The pain self-efficacy questionnaire: taking pain into account. *Eur J Pain* 2007;11:153–63.
- Nicholas MK, et al. Normative data for common pain measures in chronic pain clinic populations: closing a gap for clinicians and researchers. *PAIN* 2019;160: 1156–1165: <http://dx.doi.org/10.1097/j.pain.0000000000001496>.
- Nicholas MK, Asghari A, Blyth FM. What do the numbers mean? Normative data in chronic pain measures. *PAIN* 2008;134:158–73.
- Nicholas MK et al. A 2-Item Short Form of the Pain Self-Efficacy Questionnaire: Development and Psychometric Evaluation of PSEQ-2. *J of Pain* 2015; 16: 53-163
- Sullivan MJL, Bishop SR, Pivik J. The Pain Catastrophizing Scale: development and validation. *Psychol Assess* 1995;7:524–32.
- Sheung-Tak Cheng, et al. The Pain Catastrophizing Scale—short form: psychometric properties and threshold for identifying high-risk individuals. *International Psychogeriatrics* 2019; 31(11): 1665–1674 doi:10.1017/S1041610219000024
- Tardif H., et al. Establishment of the Australasian Electronic Persistent Pain Outcomes Collaboration. *Pain Medicine* 2017; 18: 1007–1018; doi:10.1093/pm/pnw2012017.

(continued)

[INSERT SERVICE NAME OR LOGO]

REFERRAL QUESTIONNAIRE

Section 1 – Your details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Family name (surname)	Given name(s)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy) _ _ / _ _ / _ _ _ _	Today's date (dd/mm/yyyy) _ _ / _ _ / _ _ _ _

Address Number and Street:

City/Suburb: Postcode: State:

Phone Home: Work: Mobile:

Email address

Country of Birth Australia New Zealand Other (please specify)

Do you require an interpreter? Yes No
If you answered yes, please specify the language

Are you hearing or sight impaired? Yes No

Do you require help with written or spoken communication? Yes No

Height (in cm) **Weight (in kg)**

Are you of Aboriginal or Torres Strait Islander origin? (more than one may be ticked)
 No Yes, Aboriginal Yes, Torres Strait Islander

Have you ever served in the Australian Defence Force? Yes No

Are you a client of the Department of Veterans' Affairs or have you received a benefit or support from the Department of Veterans' Affairs? Yes No

Is there a compensation case relating to this episode? Yes No
(If yes, record the type of compensation):
 Worker's Compensation Public Liability
 Motor Vehicle Other

How did your main pain begin?
 Injury at home Motor vehicle crash After surgery
 Injury at work/school Cancer No obvious cause
 Injury in another setting Medical condition other than cancer Other (please specify)

How long has your main pain been present? (Tick one box only)
 Less than 3 months 12 months to 2 years More than 5 years
 3 to 12 months 2 to 5 years

Referral Questionnaire – Adult, AUS v2.0 Page 1 of 10

Which statement best describes your pain? (Tick one box only)

Always present (always the same intensity)
 Always present (level of pain varies)
 Often present (pain free periods last less than 6 hours)
 Occasionally present (pain occurs once to several times per day, lasting up to an hour)
 Rarely present (pain occurs every few days or weeks)

Do you have any of the following?

A mental health condition, in particular: PTSD Anxiety Depression
Other (please specify)

Arthritis (including Rheumatoid/Osteoarthritis)

Muscle, bone and joint problems **other than arthritis** (including Osteoporosis, Fibromyalgia)

Heart and circulation problems (including Heart Disease, Pacemaker, Blood Disease)
In particular specify if you have: High Blood Pressure High Cholesterol

Diabetes

Digestive problems (including IBS, GORD, Stomach Ulcers, Reflux, Bowel Disease)

Respiratory problems (including Asthma, Lung Disease, COPD, Sleep Apnoea)

Neurological problems (including Stroke, Epilepsy, Multiple Sclerosis, Parkinson's Disease)

Cancer

Liver, kidney and pancreas problems (including Pancreatitis, Kidney Disease)

Thyroid problems (including Hyperactive or Hypoactive Thyroid, Graves' Disease)

Any other medical conditions (please specify)

Health care (other than your visits to the pain clinic)

- How many times in the past 3 months have you seen a general practitioner in regard to your pain? times
- How many times in the past 3 months have you seen a medical specialist (e.g. orthopaedic surgeon) in regard to your pain? times
- How many times in the past 3 months have you seen health professionals other than doctors (e.g. physiotherapist, chiropractor, psychologist) in regard to your pain? times
- How many times in the past 3 months have you visited a hospital emergency department in regard to your pain? (Include all visits, regardless of whether or not you were admitted to the hospital from the emergency department) times
- How many times in the past 3 months have you been admitted to hospital as an inpatient because of your pain? times
- How many diagnostic tests (e.g. X-rays, scans) have you had in the last 3 months relating to your pain? tests

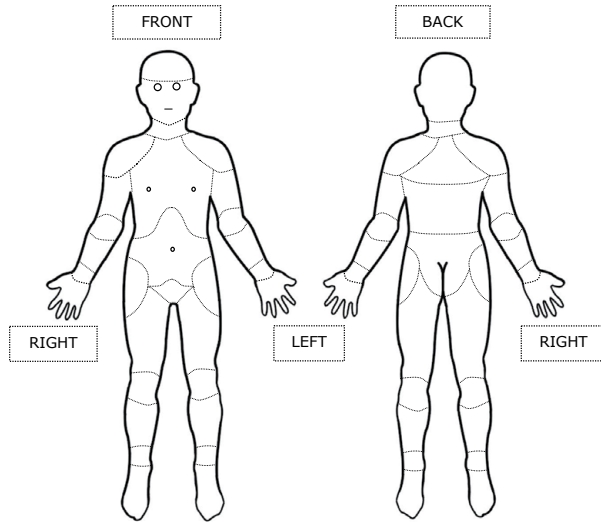
Referral Questionnaire – Adult, AUS v2.0 Page 2 of 10

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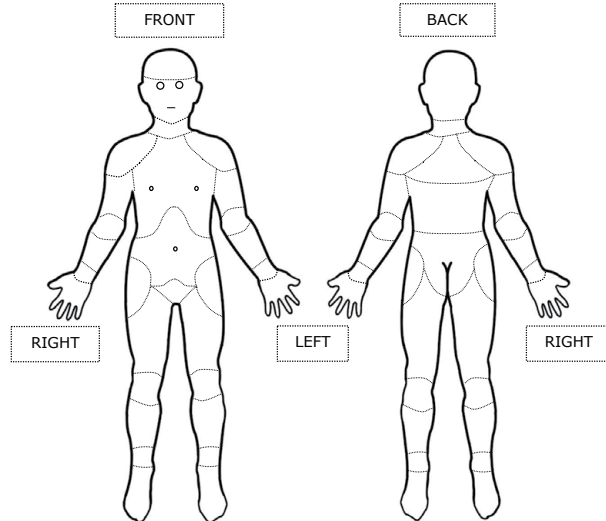
Appendix 8: Examples of Pain Scales and Questionnaires

Section 4 – Pain intensity and interference

On the diagram below, shade in ALL the areas where you feel pain.



On the diagram below, put an X on the ONE area that hurts most.



Please rate your pain by circling the one number that best describes the following:

1. Your pain at its <i>worst</i> in the last week?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine
2. Your pain at its <i>least</i> in the last week?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine
3. Your pain on <i>average</i> ?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine
4. How much pain do you have <i>right now</i> ?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine

During the past week, how much has pain interfered with the following:

1. Your general activity?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
2. Your mood?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
3. Your walking ability?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
4. Your normal work (both outside the home and housework)?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
5. Your relations with other people?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
6. Your sleep?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
7. Your enjoyment of life?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes

(continued)

Appendix 8: Examples of Pain Scales and Questionnaires

Section 5 – DASS21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of the time
- 3 Applied to me very much, or most of the time

	Not at all	Some of the time	A good part of the time	Most of the time
1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to overreact to situations	0	1	2	3
7. I experienced trembling (e.g. in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything	0	1	2	3
17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (e.g. a sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

Section 6 – PSEQ

Rate how confident you are that you can do the following things **at present** despite the pain. Circle one of the numbers on the scale under each item, where 0 = *Not at all confident* and 6 = *Completely confident*.

Remember this questionnaire is not asking whether or not you have been doing these things, but rather how confident you are that you can do them at present, **despite the pain**.

	0	1	2	3	4	5	6
1. I can enjoy things, despite the pain	Not at all confident						Completely confident
2. I can do most of the household chores (e.g. tidying up, washing dishes, etc.) despite the pain	Not at all confident						Completely confident
3. I can socialise with my friends or family members as often as I used to do, despite the pain	Not at all confident						Completely confident
4. I can cope with my pain in most situations	Not at all confident						Completely confident
5. I can do some form of work, despite the pain ("work" includes housework, paid and unpaid work)	Not at all confident						Completely confident
6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain	Not at all confident						Completely confident
7. I can cope with my pain without medication	Not at all confident						Completely confident
8. I can still accomplish most of my goals in life, despite the pain	Not at all confident						Completely confident
9. I can live a normal lifestyle, despite the pain	Not at all confident						Completely confident
10. I can gradually become more active, despite the pain	Not at all confident						Completely confident

(continued)

Appendix 8: Examples of Pain Scales and Questionnaires

Section 7 – PCS

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
1. I worry all the time about whether the pain will end	0	1	2	3	4
2. I feel I can't go on	0	1	2	3	4
3. It's terrible and I think it's never going to get any better	0	1	2	3	4
4. It's awful and I feel it overwhelms me	0	1	2	3	4
5. I feel I can't stand it anymore	0	1	2	3	4
6. I become afraid that the pain will get worse	0	1	2	3	4
7. I keep thinking of other painful events	0	1	2	3	4
8. I anxiously want the pain to go away	0	1	2	3	4
9. I can't seem to keep it out of my mind	0	1	2	3	4
10. I keep thinking about how much it hurts	0	1	2	3	4
11. I keep thinking about how badly I want the pain to stop	0	1	2	3	4
12. There's nothing I can do to reduce the intensity of the pain	0	1	2	3	4
13. I wonder whether something serious may happen	0	1	2	3	4

Thank you for completing this questionnaire

Office use only

Medication

Did the patient report medications? Yes No

Possible differences in patient-reported medications? Yes No

Tick all drug groups being taken:

Opioids Paracetamol NSAIDs Medicinal Cannabinoids
 Antidepressants Anticonvulsants Sedatives

Daily oral morphine equivalent: mg

Opioid medication >2 days/week Yes No

Opioid replacement/substitution program? Yes No

Acknowledgements

We acknowledge use of the following questions and assessment tools:

- Pain Chart: Childhood Arthritis and Rheumatology Research Alliance, www.carragroup.org von Baeyer CL et al, Pain Management, 2011;1(1):61-68
- Modified Brief Pain Inventory questions, reproduced with acknowledgement of the Pain Research Group, the University of Texas MD Anderson Cancer Centre
- Depression, Anxiety and Stress Scale, Lovibond SH & Lovibond PF (1995)
- Pain Self-Efficacy Questionnaire, Nicholas MK (1989)
- Pain Catastrophising Scale, Sullivan MJL (1995)
- Work productivity questions from the Work Productivity and Activity Impairment Questionnaire, Reilly MC, Zbrozek AS & Dukas EM (1993)

Appendix 8: Examples of Pain Scales and Questionnaires

Office use - Reason for collection: [INSERT SERVICE NAME OR LOGO]

Pathway start
 Pathway end/episode end
 Post episode review Other

FOLLOW-UP QUESTIONNAIRE

Section 1 – Your details

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Family name (surname)	Given name(s)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy) _ _ / _ _ / _ _ _ _	Today's date (dd/mm/yyyy) _ _ / _ _ / _ _ _ _
Height (in cm)	Weight (in kg)	

Compared with before receiving treatment at this pain management service, how would you describe yourself now overall?

(Circle the most relevant number on the scale)

-3	-2	-1	0	1	2	3
Very much worse			Unchanged			Very much better

Compared with before receiving treatment at this pain management service, how would you describe your physical abilities now?

(Circle the most relevant number on the scale)

-3	-2	-1	0	1	2	3
Very much worse			Unchanged			Very much better

Which statement best describes your pain? (tick **one box only)**

Always present (always the same intensity)
 Always present (level of pain varies)
 Often present (pain free periods last less than 6 hours)
 Occasionally present (pain occurs once to several times per day, lasting up to an hour)
 Rarely present (pain occurs every few days or weeks)
 Pain is no longer present

Follow-Up Questionnaire – Adult, AUS/NZ v2.0 Page 1 of 9

Health care (other than your visits to the pain clinic)

- How many times in the past 3 months have you seen a general practitioner in regard to your pain? times
- How many times in the past 3 months have you seen a medical specialist (e.g. orthopaedic surgeon) in regard to your pain? times
- How many times in the past 3 months have you seen health professionals other than doctors (e.g. physiotherapist, chiropractor, psychologist) in regard to your pain? times
- How many times in the past 3 months have you visited a hospital emergency department in regard to your pain? *(Include all visits, regardless of whether or not you were admitted to the hospital from the emergency department)* times
- How many times in the past 3 months have you been admitted to hospital as an inpatient because of your pain? times
- How many diagnostic tests (e.g. X-rays, scans) have you had in the last 3 months relating to your pain? tests

Section 2 – Your work

Are you currently employed (working for pay)?

<input type="checkbox"/> Yes - If yes, are you: <input type="checkbox"/> Working full-time <input type="checkbox"/> Working part-time Please answer the questions below	<input type="checkbox"/> No - If no, are you: (tick one only, then go straight to Section 3) <input type="checkbox"/> Unable to work due to a condition other than pain <input type="checkbox"/> Unable to work due to pain <input type="checkbox"/> Not working by choice (student, retired, homemaker) <input type="checkbox"/> Seeking employment (I consider myself able to work but cannot find a job)
---	--

During the past seven days, how many hours did you miss from work because of problems associated with your pain?

(Include hours you missed on sick days, times you went in late, left early, etc. because of your pain. Do not include time you missed to attend this pain clinic.) hours

During the past seven days, how many hours did you actually work?
(If '0' skip the next question and go to Section 3) hours

Follow-Up Questionnaire – Adult, AUS/NZ v2.0 Page 2 of 9

(continued)

Appendix 8: Examples of Pain Scales and Questionnaires

Please rate your pain by circling the one number that best describes the following:

1. Your pain at its <i>worst</i> in the last week?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine
2. Your pain at its <i>least</i> in the last week?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine
3. Your pain on <i>average</i> ?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine
4. How much pain do you have <i>right now</i> ?	0	1	2	3	4	5	6	7	8	9	10	No pain	Pain as bad as you can imagine

During the past week, how much has pain interfered with the following:

1. Your general activity?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
2. Your mood?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
3. Your walking ability?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
4. Your normal work (both outside the home and housework)?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
5. Your relations with other people?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
6. Your sleep?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes
7. Your enjoyment of life?	0	1	2	3	4	5	6	7	8	9	10	Does not interfere	Completely interferes

Section 5 – DASS21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of the time
- 3 Applied to me very much, or most of the time

	Not at all	Some of the time	A good part of the time	Most of the time
1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to overreact to situations	0	1	2	3
7. I experienced trembling (e.g. in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything	0	1	2	3
17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (e.g. a sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

(continued)

Appendix 8: Examples of Pain Scales and Questionnaires

Section 6 – PSEQ

Rate how confident you are that you can do the following things **at present** despite the pain. Circle one of the numbers on the scale under each item, where 0 = *Not at all confident* and 6 = *Completely confident*.

Remember this questionnaire is not asking whether or not you have been doing these things, but rather how confident you are that you can do them at present, **despite the pain**.

1. I can enjoy things, despite the pain	0	1	2	3	4	5	6
	Not at all confident						Completely confident
2. I can do most of the household chores (e.g. tidying up, washing dishes, etc.) despite the pain	0	1	2	3	4	5	6
	Not at all confident						Completely confident
3. I can socialise with my friends or family members as often as I used to do, despite the pain	0	1	2	3	4	5	6
	Not at all confident						Completely confident
4. I can cope with my pain in most situations	0	1	2	3	4	5	6
	Not at all confident						Completely confident
5. I can do some form of work, despite the pain ("work" includes housework, paid and unpaid work)	0	1	2	3	4	5	6
	Not at all confident						Completely confident
6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain	0	1	2	3	4	5	6
	Not at all confident						Completely confident
7. I can cope with my pain without medication	0	1	2	3	4	5	6
	Not at all confident						Completely confident
8. I can still accomplish most of my goals in life, despite the pain	0	1	2	3	4	5	6
	Not at all confident						Completely confident
9. I can live a normal lifestyle, despite the pain	0	1	2	3	4	5	6
	Not at all confident						Completely confident
10. I can gradually become more active, despite the pain	0	1	2	3	4	5	6
	Not at all confident						Completely confident

Section 7 – PCS

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
1. I worry all the time about whether the pain will end	0	1	2	3	4
2. I feel I can't go on	0	1	2	3	4
3. It's terrible and I think it's never going to get any better	0	1	2	3	4
4. It's awful and I feel it overwhelms me	0	1	2	3	4
5. I feel I can't stand it anymore	0	1	2	3	4
6. I become afraid that the pain will get worse	0	1	2	3	4
7. I keep thinking of other painful events	0	1	2	3	4
8. I anxiously want the pain to go away	0	1	2	3	4
9. I can't seem to keep it out of my mind	0	1	2	3	4
10. I keep thinking about how much it hurts	0	1	2	3	4
11. I keep thinking about how badly I want the pain to stop	0	1	2	3	4
12. There's nothing I can do to reduce the intensity of the pain	0	1	2	3	4
13. I wonder whether something serious may happen	0	1	2	3	4

Thank you for completing this questionnaire

(continued)

Appendix 8: Examples of Pain Scales and Questionnaires

Office use only

Medication

Did the patient report medications? Yes No

Possible differences in patient-reported medications? Yes No

Tick all drug groups being taken:

Opioids Paracetamol NSAIDs Medicinal Cannabinoids

Antidepressants Anticonvulsants Sedatives

Daily oral morphine equivalent: mg

Opioid medication >2 days/week Yes No

Opioid replacement/substitution program? Yes No

Acknowledgements

We acknowledge use of the following questions and assessment tools:

- Pain Chart: Childhood Arthritis and Rheumatology Research Alliance, www.carragroup.org von Baeyer CL et al, Pain Management, 2011;1(1):61-68
- Modified Brief Pain Inventory questions, reproduced with acknowledgement of the Pain Research Group, the University of Texas MD Anderson Cancer Centre
- Depression, Anxiety and Stress Scale, Lovibond SH & Lovibond PF (1995)
- Pain Self-Efficacy Questionnaire, Nicholas MK (1989)
- Pain Catastrophising Scale, Sullivan MJL (1995)
- Work productivity questions from the Work Productivity and Activity Impairment Questionnaire, Reilly MC, Zbrozek AS & Dukes EM (1993)



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