MULTIDIMENSIONAL PAIN INVENTORY (c Kerns, Turk, & Rudy, 1985)

NAME:_	-			DATE		
	astructions: An important part of our evaluation includes examination of pain from YOUR erspective.					
QUESTION question.	NS. If you this	nk that a qu	our best to ansv estion does not any additional ir	apply then cir	cle the numbe	r of the
			"significant oth licate who your			erson with
			nHouser Other			
Section I						
			w γour pain affe hat specific que			er on the scale
	evel of your pa		ent Moment.			
0 No pain	1,,,	2	3	4	5 Very into	6 ense pain
2. in general 0 No interfere	1	es your pain 2	interfere with yo 3	4	tivities? 5 Extreme interfer	6 ence
			nuch has your pa other than your p		ability to work?	(Check
) No change	1	2	3	4	5 Extreme	6 change
l. How much ocial and rec	has your pain reational activ	changed the i itles?	amount of satisfa	ction or enjoym	ent you get fron	n taking part in
lo change	1	2	3	4	5 Extreme o	6 change

5. How sup you in rela	5. How supportive or helpful is your significant other (this refers to the person you indicated above) to you in relation to your pain?					
0 Not at all	1	2	3	4	5 Extremel	6 ly supportive
6. Rate you	r overall mood	during the past	week.	4	51	
Extremely l	ow	*	ą	4	5 Extremel	6 y high
7. On the av	verage, how sev 1	rere has your page	ain been during 3	the last week?	5	.5
Not at all se	vere				Extremely	
8. How muc 0 No change	h has your pain 1	changed your a	ability to take p 3	eart in recreation 4	nal and other soci 5 Extreme c	6
9. How muc	h do you limit y	our activities in	order to keep	your pain from g	getting worse?	
0 Not at all	1	2	3	4	5 Very m	5 ruch
10. How mu related activ	ch has your pair ities?	n changed the	amount of satis	faction or enjoy	ment you get fro	m family
0 No change	1	2	3	4	5	6
11. How wor	ried is your spoi		other, about yo	ou because of yo	Extreme ch ur pain?	nange
0 Not at all wo	1 rried	2	3	4	5 Extremely	6 worried
12. During th	e past week hou	w much control	123	u have has over		
No control	Τ.	2	3	4	5 Extreme co	6 ntrol
13. How muci	h suffering do yo	1000	pecause of your	rpain?		
No suffering	1	2	3	4	5 Extreme suf	6 fering
14. How much (Check if y	n has your pain o ou are not pres	changed the an ently working.)	nount of satisfa	ction or enjoym	ent you get from	work?
0 No change	1	2	3	4	5 Extreme cha	6 Inge
15. How attent	tive is your spou		196707	cause of your pa	aîn?	
Not at all atter	itive	2	3	4	5 Extremely at	6 tentive
	past week, how	well do you fe	el you've been	able to deal with	n your problems?	
0 Not at all	1	2	3	4	5 Extremely we	5

17. How much has your pain 0 1 No change	z 2	3	4	f 5 6 Extreme change
18. During the past week, how 0 1 Not at all successful	w successful wer 2	re you in co 3	oping with stressfu 4	l situations in your life? 5 6 Extremely successful
19. How much has your pain of the second of	interfered with y 2	our ability 3	to plan activities? 4	5 . 6 Extreme interference
20. During the past week how 0 1 Not at all irritable	rirritable have yo 2	ou been? 3	4	5 6 Extremely irritable
21. During the past week how 0 1 Not at all tense or anxious	tense or anxiou 2	s have you 3	4	5 6 tremely tense & anxious
SECTION 2				
In this section, we are interest he or she knows you are in pa		ow your sp	oouse /significant c	other, responds to you wher
1. Asks me what he or she can Never	do to helpSeldom	ē	Sometimes	Often
2. Gets irritated with meNever	Seldom		Sometimes	Often
3. Takes over my job or duties. Never	Seldom	-	Sometimes	Often
4. Talks to me about somethinNever	g else to take my Seldom	/ mind off: -	the painSometimes	Often
5. Gets frustrated with meNever	Seldom		Sometimes	Often
5. Tries to get me to restNever	Seldom	_	Sometimes	Often
7. Tries to involve me in some a	activity. Seldom	-	Sometimes	Often
. Gets angry with me. Never	Seldom	_	Sometimes	Often
. Gets me pain medicationNever	Seldom		Sometimes	Often
0. Encourages me to work on a	nhobby. Seldom		Sometimes	Often

7.

	Never	st or arink. Seldom	Sometimes	Office
				Often
	12. Turns on the T.V. to take Never	my mind off my painSeldom	Sometimes	0.5
	170721		ounerimes	Often
	SECTION 3	uitiaa Diaaanii II	8	
	responses on the scale below	vities. Please indicate i I the activity.	now often you do each of thes	e by checking the
		30 50 00 399 1 99		
	 Wash dishes. Never 	Seldom	Sometimes	Often
	No. of the control of		Join Cillics	Orten
	Go out to eat.Never	Seldom	P* 4.5	
	IVEVE		Sometimes	Often
	3. Go grocery shopping.	2.9.1		
	Never	Seldom	Sometimes	Often
	4. Go to a movie.			
	Never	Seldom	Sometimes	Often
	5. Visit friends.			
	Never	Seldom	Sometimes	Often
	6. Help with the house cleanin	5.		
	Never	Seldom	Sometimes	Often
	7. Take a ride in a car or bus.	18		
	Never	Seldom	Sometimes	Often
	8. Visit relatives. (Check h	ere if you do not have :	relatives within 100 miles \	
	Never	Seldom	Sometimes	Often
	9. Prepare a meal.			
	Never	Seldom	Sometimes	Often
	10 WL-1 7			
	10. Wash the car. (Check h Never	ere it you do not haveSeldom	a car.)Sometimes	Often
	11. Take a trip. Never	Seldom	Sometimes	04-
55		Jeidoni		Often
35	12. Go to a park or beach.	Caldese	FOL IN	
÷	Never	Seldom	Sometimes	Often
,	13. Do the laundry.	8.0.1	*	
2	Never	Seldom	Sometimes	Often
*	L4. Work on a needed household	d repair.		
-	Never	Seldom	Sometimes	Often
1	5. Engage in sexual activities.			¥
	Never	Seldom	Sometimes	Office