

FUNCTIONAL AND OTHER ASSESSMENTS | Section 2

OVERVIEW

In addition to pain itself, a comprehensive assessment of chronic pain should cover other domains, including function, impact on daily activities, quality of life, mental health, and comorbidities and conditions that may require additional assessment and management.¹ Examples of conditions that might be impacted or contribute to changes in quality of life include anxiety, depression, trauma, stigma, substance use disorder, and pain-related factors, such as pain catastrophizing or kinesiophobia.¹

Functional and General Health Tools

Currently, there are no universal guidelines for pain-related functional assessment. Many validated, self-reporting tools are available to assess the impact of chronic pain. The use of appropriate assessment tools can assist in functional and general psychosocial evaluation.

The table below includes selected tools for functional assessment and coexisting conditions included in this toolkit, along with links and references to additional tools assessing function and general health.

Functional Assessment and General Health Tools				
Name	Use	Scoring	Description	Location
Patient-Reported Outcomes Measurement Information System (PROMIS®) Global Health	Evaluate and monitor physical, mental, and social health in adults and children	Sum of response score with high scores reflecting better functioning	Ten-item global health assessment tool	Jump to tool in toolkit.
Short Form Health Survey (SF-36)	Routine monitoring and assessment of care outcomes in adult patients	Scoring process described here: www.rand.org/health-care/surveys_tools/mos/36-item-short-form/scoring.html	Generic, coherent, and easily administered quality-of-life measures	Jump to tool in toolkit.
Work Productivity and Activity Impairment Questionnaire	Measure impairment in work and activities	Response review	Six-item, validated questionnaire	Jump to tool in toolkit.
Functional Goals	Assist with setting functional goals for patients with chronic pain	N/A	Goal-setting worksheet	Jump to tool in toolkit.
Tables of Functional Assessment Instruments and Coexisting Conditions Tools				
Table A. Considerations for Common Coexisting Conditions	Additional resources, tools, and considerations for common coexisting conditions to be considered in chronic pain assessments			Jump to table in toolkit.
Table B. Selected Condition Specific Functional Assessment	Overview and links to a select list of functional assessment instruments			Jump to table in toolkit.

References

1. Williams DA. The importance of psychological assessment in chronic pain. *Curr Opin Urol*. 2013;23(6):554-559.

(PROMIS® Scale v1.2–Global Health)

GLOBAL HEALTH

Please respond to each question or statement by marking one box per row.

	Excellent	Very good	Good	Fair	Poor						
GLOBAL01 — In general, would you say your health is:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
GLOBAL02 — In general, would you say your quality of life is:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
GLOBAL03 — In general, how would you rate your physical health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
GLOBAL04 — In general, how would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
GLOBAL05 — In general, how would you rate your satisfaction with your social activities and relationships?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
GLOBAL09R — In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
	Completely	Mostly	Moderately	A Little	Not at All						
GLOBAL06 — To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
In the past 7 days...											
	Never	Rarely	Sometimes	Often	Always						
GLOBAL10R — How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
	None	Mild	Moderate	Severe	Very Severe						
GLOBAL8R — How would you rate your fatigue on average?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
GLOBAL7R — How would you rate your pain on average?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	No Pain										Worst pain Imaginable



HEALTH



[RAND](#) > [RAND Health](#) > [Surveys](#) > [RAND Medical Outcomes Study](#) > [36-Item Short Form Survey \(SF-36\)](#) >

36-Item Short Form Survey Instrument (SF-36)

RAND 36-Item Health Survey 1.0 Questionnaire Items

Choose one option for each questionnaire item.

1. In general, would you say your health is:

- ☐ 1 - Excellent
 - ☐ 2 - Very good
 - ☐ 3 - Good
 - ☐ 4 - Fair
 - ☐ 5 - Poor
-

2. **Compared to one year ago**, how would you rate your health in general **now**?

- ☐ 1 - Much better now than one year ago
 - ☐ 2 - Somewhat better now than one year ago
 - ☐ 3 - About the same
 - ☐ 4 - Somewhat worse now than one year ago
 - ☐ 5 - Much worse now than one year ago
-

The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
3. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Lifting or carrying groceries	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Climbing several flights of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Climbing one flight of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Bending, kneeling, or stooping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Walking more than a mile	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. Walking several blocks	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11. Walking one block	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12. Bathing or dressing yourself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

- | | Yes | No |
|---|-----------------------|-----------------------|
| 13. Cut down the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> |
| | 1 | 2 |
| 14. Accomplished less than you would like | <input type="radio"/> | <input type="radio"/> |
| | 1 | 2 |
| 15. Were limited in the kind of work or other activities | <input type="radio"/> | <input type="radio"/> |
| | 1 | 2 |
| 16. Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="radio"/> | <input type="radio"/> |
| | 1 | 2 |
-

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

- | | Yes | No |
|--|-------------------------|-------------------------|
| 17. Cut down the amount of time you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 18. Accomplished less than you would like | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 19. Didn't do work or other activities as carefully as usual | <input type="radio"/> 1 | <input type="radio"/> 2 |
-

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- ☐ 1 - Not at all
- ☐ 2 - Slightly
- ☐ 3 - Moderately
- ☐ 4 - Quite a bit
- ☐ 5 - Extremely

21. How much **bodily** pain have you had during the **past 4 weeks**?

- ☐ 1 - None
 - ☐ 2 - Very mild
 - ☐ 3 - Mild
 - ☐ 4 - Moderate
 - ☐ 5 - Severe
 - ☐ 6 - Very severe
-

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- ☐ 1 - Not at all
 - ☐ 2 - A little bit
 - ☐ 3 - Moderately
 - ☐ 4 - Quite a bit
 - ☐ 5 - Extremely
-

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. Did you feel full of pep?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
24. Have you been a very nervous person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
26. Have you felt calm and peaceful?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
27. Did you have a lot of energy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
28. Have you felt downhearted and blue?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
29. Did you feel worn out?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
30. Have you been a happy person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
31. Did you feel tired?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

32. During the **past 4 weeks**, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ 1 - All of the time
- ☐ 2 - Most of the time
- ☐ 3 - Some of the time
- ☐ 4 - A little of the time
- ☐ 5 - None of the time

How TRUE or FALSE is **each** of the following statements for you.

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
33. I seem to get sick a little easier than other people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
34. I am as healthy as anybody I know	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
35. I expect my health to get worse	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
36. My health is excellent	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

ABOUT

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1776 Main Street
Santa Monica, California 90401-3208

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Work Productivity and Activity Impairment Questionnaire



The following questions ask about the effect of your health problems on your ability to work and perform regular activities. "Health problems" are defined as any physical or emotional problem or symptom. *Please fill in the blanks or check the appropriate box, as indicated.*

- Are you currently employed (working for pay)?
If NO, check "NO" and skip to question 6. ☐ Yes ☐ No
- During the past seven days, not including today, how many hours did you miss from work because of **your health problems**?
Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems. Do not include time you missed to participate in this study. _____ HOURS
- During the past seven days, not including today, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study? _____ HOURS
- During the past seven days, not including today, how many hours did you actually work?
(If "0", skip to question 6.) _____ HOURS
- During the past seven days, not including today, how much did your health problems affect your productivity while you were working?
Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If health problems affected your work only a little, choose a low number. Choose a high number if health problems affected your work a great deal.

Consider only how much **health problems** affected productivity **while you were working**.

Health problems had no
effect on my daily activities

Health problems completely prevented
me from doing my daily activities

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- During the past seven days, not including today, how much did your health problems affect your ability to do your regular, daily, non-work activities?
"Regular activities" are defined as the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If health problems affected your activities only a little, choose a low number. Choose a high number if health problems affected your activities a great deal.

Consider only how much **health problems** affected your ability to do your regular, daily, non-work activities.

Health problems had no
effect on my daily activities

Health problems completely prevented
me from doing my daily activities

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10



Reilly MC, Zbrozek AS, Dukess EM. The validity and reproducibility of a work productivity and activity impairment instrument. *Pharmacoeconomics* 1993; 4(5):353-65

HOP 20012003



Functional Goals

Which, if any, activities are limited due to pain? (Check all that apply)

- ☐ walking
- ☐ exercise
- ☐ sleep
- ☐ sexual activity
- ☐ work
- ☐ housework
- ☐ relationships (family, friends)
- ☐ self-care (bathing, dressing, eating)
- ☐ Other: _____

Which activities are most important to you?

Provider: Work with patient to determine realistic goals and on an action plan to achieve these goals.

Activity	Goal	Action

Reassess improvement/decline in function at regular intervals.

Table A. Considerations for Common Coexisting Conditions

Assessment Domains	Common Conditions	Selected Assessment Tools	Selected Additional Resources
Mental Health	Anxiety	General Anxiety Disorder-7 (GAD-7)	www.aafp.org/afp/2015/0501/p617.html https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf
	Depression	Patient Health Questionnaire-9 (PHQ-9)	www.aafp.org/afp/2018/1015/p508.html www.aafp.org/dam/AAFP/documents/patient_care/pain_management/mental-health-assessment.pdf
	Substance Use/ Substance Used Disorders (SUD)	Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	ASSIST: www.who.int/substance_abuse/activities/assist_test/en/ NIDA Drug Screening Tool: www.drugabuse.gov/sites/default/files/pdf/screening_qr.pdf SBIRT (screening, brief intervention, and referral to treatment for substance use): www.sbirt.care/tools.aspx
	Trauma and/or PTSD	Post-traumatic Stress Disorder (PTSD) Checklist for DSM-5 (PCL-5)	www.aafp.org/afp/2013/1215/p827.html
Functional Limitations	Reduced QoL	See tools included in this Toolkit	https://journals.lww.com/anesthesia-analgesia/fulltext/2007/03000/a_primer_on_health_related_quality_of_life_in.49.aspx
	Functional limitations	See tools included in this Toolkit	
	Disability	WPAQ	https://aneskey.com/disability-evaluation-of-patients-with-chronic-pain/
Emotional Health	Stigma	N/A	www.hhs.gov/sites/default/files/pmtf-fact-sheet-stigma_508-2019-08-13.pdf
Pain Related Psychological Factors	Pain Catastrophizing	Pain Catastrophizing Scale (PCS)	www.practicalpainmanagement.com/pain/other/co-morbidities/pain-catastrophizing-what-clinicians-need-know https://sullivan-painresearch.mcgill.ca/pdf/pcs/PCSTManual_English.pdf
	Kinesiophobia	Tampa Scale for Kinesiophobia	https://bjsm.bmj.com/content/53/9/554 www.tac.vic.gov.au/__data/assets/pdf_file/0004/27454/tampa_scale_kinesiophobia.pdf
	Chemical coping/ self-medication	N/A	https://pubs.niaaa.nih.gov/publications/PainFactsheet/Pain_Alcohol.pdf

Table B. Selected Condition Specific Functional Assessment Tools

Knee Injury and Osteoarthritis Outcome Score (KOOS)	Tool: www.koos.nu/koos-english.pdf Scoring: www.koos.nu/KOOSscoring2012.pdf
West Haven Yale Multidimensional Pain Inventory (WHYMPI/MPI)	Tool: www.va.gov/PAINMANAGEMENT/WHYMPI_MPI.asp
Quick Disabilities of Arm, Shoulder and Hand (QuickDASH)	Tool: dash.iwh.on.ca/about-quickdash
Hip Disability and Osteoarthritis Outcome Score (HOOS)	Tool: www.koos.nu/