

Patient's Name: _____

DOB: _____

MRN: _____

Date: _____

NC PAIN MANAGEMENT SERVICES, PA
SCREENING TESTS

INDEX

Test	Page
RDQ	3
CDQ	4
NDI	5
CAGE	7
SOAPP-SF	8
ODI-R	9
DAST	11
SAQ	12

Test: RDQ

Instructions: Answer only if you have problems with your back. If you do not have problems with your back, then move on to the next test. Place an "X" only on those sentences that describe you lately...

When your back hurts, you may find it difficult to do some of the things you normally do.

- [] 1. I stay home most of the time because of my back.
- [] 2. I walk more slowly than usual because of my back.
- [] 3. Because of my back, I am not doing any jobs that I usually do around the house.
- [] 4. Because of my back, I use a handrail to get upstairs.
- [] 5. Because of my back, I lie down to rest more often.
- [] 6. Because of my back, I have to hold on to something to get out of an easy chair.
- [] 7. Because of my back, I try to get other people to do things for me.
- [] 8. I get dressed more slowly than usual because of my back.
- [] 9. I stand up for short periods of time because of my back.
- [] 10. Because of my back, I try not to bend or kneel down.
- [] 11. I find it difficult to get out of a chair because of my back.
- [] 12. My back or leg is painful almost all of the time.
- [] 13. I find it difficult to turn over in bed because of my back.
- [] 14. I have trouble putting on my socks (or stockings) because of pain in my back.
- [] 15. I sleep less well because of my back.
- [] 16. I avoid heavy jobs around the house because of my back.
- [] 17. Because of my back, I am more irritable and bad tempered with people than usual.
- [] 18. Because of my back, I go upstairs more slowly than usual.

RDQ Score: _____

Test: CDQ

Instructions: This test must be answered by all new patients. Place an “X” next to the answer to each question.

- []Yes []No 1. Did you grow up with alcoholism or addiction, or did you experience neglect, abandonment, or physical, emotional, or sexual abuse?
- []Yes []No 2. When you were growing up, did it feel like it was your responsibility to make a parent happy, and if she/he was not happy, it was your fault?
- []Yes []No 3. Do you find it impossible to say no to requests, then feel resentful when you get overwhelmed?
- []Yes []No 4. Do you get involved in other people’s problems even if they don’t ask for your help?
- []Yes []No 5. Do you often find yourself in relationships in which you become the caretaker for the other person?
- []Yes []No 6. Do you have problems identifying feelings or find yourself trying to avoid feelings?
- []Yes []No 7. Do you tend to take responsibility for other people’s feelings or actions?
- []Yes []No 8. Are you a “people pleaser?”
- []Yes []No 9. Do you take criticism (even if it’s constructive criticism) personally and feel like you’re being attacked?
- []Yes []No 10. Have you gotten into a relationship and then later found out that your partner was an alcoholic, addict, or other compulsive personality?
- []Yes []No 11. Do you have problems with intimacy (emotional or physical)?
- []Yes []No 12. Do you feel like you are constantly looking for “the answer” from other people, activities, self-help books, etc.?
- []Yes []No 13. Are you extremely critical of yourself and/or others?
- []Yes []No 14. Do you try to anticipate the needs of others and wonder why they don’t do it for you?
- []Yes []No 15. Do you worry a lot, particularly about other people and their problems?
- []Yes []No 16. Do you have difficulty trusting yourself or others?
- []Yes []No 17. Do you find it difficult to accept compliments?
- []Yes []No 18. Do you feel guilty when you do something for yourself?
- []Yes []No 19. Do you try to control how other people act?
- []Yes []No 20. Do you ignore the problems in your life and pretend things are better than they are?
- []Yes []No 21. Do you take yourself too seriously?
- []Yes []No 22. Are you afraid of your own or others’ anger?
- []Yes []No 23. Are you extremely responsible or extremely irresponsible?
- []Yes []No 24. Do you allow yourself to be hurt in relationships and accept behavior from your partner that you said you would not accept?
- []Yes []No 25. Do you constantly give to others and feel uncomfortable when others give to you?
- []Yes []No 26. Do you often feel used?
- []Yes []No 27. Do you feel like you’re not good enough?
- []Yes []No 28. Do you have difficulty relaxing and having fun?
- []Yes []No 29. Do you wait to find out what other people think before you share your own opinion?
- []Yes []No 30. Are you afraid that others will leave you and tolerate abuse so that they will stay?

CDQ Score: _____

Test: NDI

Instructions: Answer only if you have problems with your neck. If you do not have problems with your neck, then move on to the next test. This questionnaire has been designed to enable us to understand how your neck pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only **ONE CHOICE** which applies to you. We realize you may consider that two of the statements in any one section relate to you but please just **mark the one box, which most closely describes your problem right now**.

SECTION 1 – Pain Intensity

- 0. I have no pain at the moment.
- 1. The pain is very mild at the moment.
- 2. The pain is moderate at the moment.
- 3. The pain is fairly severe at the moment.
- 4. The pain is very severe at the moment.
- 5. The pain is the worst imaginable at the moment.

SECTION 2 – Personal Care (washing, dressing, etc.)

- 0. I can look after myself without causing extra pain.
- 1. I can look after myself normally but it causes extra pain.
- 2. It is painful to look after myself and I am slow and careful.
- 3. I need some help but manage most of my personal care.
- 4. I need help every day in most aspects of self-care.
- 5. I do not get dressed, wash with difficulty and stay in bed.

SECTION 3 – Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it gives extra pain.
- 2. Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- 3. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 4. I can lift very light weights.
- 5. I cannot lift or carry anything at all.

SECTION 4 – Reading

- 0. I can read as much as I want with no pain in my neck.
- 1. I can read as much as I want with slight pain in my neck.
- 2. I can read as much as I want with moderate pain in my neck.
- 3. I cannot read as much as I want because of moderate pain in my neck.
- 4. I can hardly read at all because of severe pain in my neck.
- 5. I cannot read at all.

SECTION 5 - Headaches

- 0. I have no headaches at all.
- 1. I have slight headaches which come infrequently.
- 2. I have moderate headaches which come infrequently.
- 3. I have moderate headaches which come frequently.
- 4. I have severe headaches which come frequently.
- 5. I have headaches almost all the time.

SECTION 6 – Concentration

- [] 0. I can concentrate fully when I want to with no difficulty.
- [] 1. I can concentrate fully when I want to with slight difficulty
- [] 2. I have a fair degree of difficulty in concentrating when I want to.
- [] 3. I have a lot of difficulty in concentrating when I want to.
- [] 4. I cannot concentrate at all.

SECTION 7 – Work

- [] 0. I can do as much work as I want to.
- [] 1. I can only do my usual work, but no more.
- [] 2. I can do most of my usual work, but no more.
- [] 3. I cannot do my usual work.
- [] 4. I can hardly do any work at all.
- [] 5. I cannot do any work at all.

SECTION 8 – Driving

- [] 0. I can drive without any neck pain.
- [] 1. I can drive as long as I want with slight pain in my neck.
- [] 2. I can drive as long as I want with moderate pain in my neck.
- [] 3. I cannot drive as long as I want because of moderate pain in my neck.
- [] 4. I can hardly drive at all because of severe pain in my neck.
- [] 5. I cannot drive my car at all.

SECTION 9 – Sleeping

- [] 0. I have no trouble sleeping.
- [] 1. My sleep is slightly disturbed (less than 1 hr. sleepless).
- [] 2. My sleep is mildly disturbed (1-2 hrs. sleepless).
- [] 3. My sleep is moderately disturbed (2-5 hrs. sleepless).
- [] 4. My sleep is greatly disturbed (3-5 hrs. sleepless).
- [] 5. My sleep is completely disturbed (5-7 hrs. sleepless).

SECTION 10 – Recreation

- [] 0. I am able to engage in all my recreation activities with no neck pain at all.
- [] 1. I am able to engage in all my recreation activities with some pain in my neck.
- [] 2. I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- [] 3. I am able to engage in a few of my usual recreation activities because of pain in my neck.
- [] 4. I can hardly do any recreation activities because of pain in my neck.
- [] 5. I cannot do any recreation activities at all.

NDI Score: _____

Test: CAGE

Instructions: This test must be answered by all new patients. Place an "X" next to the answer to each question.

- []Yes []No 1. Have you ever felt you should cut down on your drinking ?
- []Yes []No 2. Have people annoyed you by criticizing your drinking?
- []Yes []No 3. Have you ever felt bad or guilty about your drinking?
- []Yes []No 4. Have you had an eye opener first thing in the morning to steady nerves or get rid of a hangover?

CAGE Score: _____

Test: SOAPP-SF

Instructions: This test must be answered by all new patients. Please answer each question as honestly as possible. Mark only the **ONE CHOICE which** applies best to you. Your answers alone will not determine your treatment. Thank you.

How often do you have mood swings?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Very Often

How often do you smoke a cigarette within an hour after you wake up?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Very Often

How often have you taken medication other than the way that it was prescribed?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Very Often

How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Very Often

How often, in your lifetime, have you had legal problems or been arrested?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Very Often

SOAPP-SF Score: _____

Test: ODI-R

Instructions: Answer only if you have problems with your **back**. If you do not have problems with your back, then move on to the next test. This questionnaire has been designed to enable us to understand how your neck pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only **ONE CHOICE** which applies to you. We realize you may consider that two of the statements in any one section relate to you but please just **mark the one box, which most closely describes your problem right now**.

SECTION 1 – Pain Intensity

- 0. I have no pain at the moment.
- 1. The pain is very mild at the moment.
- 2. The pain is moderate at the moment.
- 3. The pain is fairly severe at the moment.
- 4. The pain is very severe at the moment.
- 5. The pain is the worst imaginable at the moment.

SECTION 2 – Personal Care (washing, dressing, etc.)

- 0. I can look after myself without causing extra pain.
- 1. I can look after myself normally but it causes extra pain.
- 2. It is painful to look after myself and I am slow and careful.
- 3. I need some help but manage most of my personal care.
- 4. I need help every day in most aspects of self-care.
- 5. I do not get dressed, wash with difficulty and stay in bed.

SECTION 3 – Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it gives extra pain.
- 2. Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- 3. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 4. I can lift very light weights.
- 5. I cannot lift or carry anything at all.

SECTION 4 – Walking

- 0. Pain does not prevent me walking any distance.
- 1. Pain prevents me walking more than 1 mile.
- 2. Pain prevents me walking more than ¼ of a mile.
- 3. Pain prevents me walking more than 100 yards.
- 4. I can only walk using a stick or crutches.
- 5. I am in bed most of the time and have to crawl to the toilet.

SECTION 5 - Sitting

- 0. I can sit in any chair as long as I like.
- 1. I can sit in my favorite chair as long as I like.
- 2. Pain prevents me from sitting for more than 1 hour.
- 3. Pain prevents me from sitting for more than ½ hour.
- 4. Pain prevents me from sitting for more than 10 minutes.
- 5. Pain prevents me from sitting at all.

SECTION 6 – Standing

- [] 0. I can stand as long as I want without extra pain.
- [] 1. I can stand as long as I want but it gives me extra pain.
- [] 2. Pain prevents me from standing more than 1 hour.
- [] 3. Pain prevents me from standing for more than ½ an hour.
- [] 4. Pain prevents me from standing for more than 10 minutes.
- [] 5. Pain prevents me from standing at all.

SECTION 7 – Sleeping

- [] 0. I have no trouble sleeping.
- [] 1. My sleep is slightly disturbed (less than 1 hr. sleepless).
- [] 2. My sleep is mildly disturbed (1-2 hrs. sleepless).
- [] 3. My sleep is moderately disturbed (2-5 hrs. sleepless).
- [] 4. My sleep is greatly disturbed (3-5 hrs. sleepless).
- [] 5. My sleep is completely disturbed (5-7 hrs. sleepless).

Section 8 – Social Life

- [] 0. My social life is normal and causes me no extra pain.
- [] 1. My social life is normal but increases the degree of pain.
- [] 2. Pain has no significant effect on my social life apart from limiting my more energetic interests, i.e. sports.
- [] 3. Pain has restricted my social life and I do not go out as often.
- [] 4. Pain has restricted social life to my home.
- [] 5. I have no social life because of pain.

Section 9 – Traveling

- [] 0. I can travel anywhere without pain.
- [] 1. I can travel anywhere but it gives extra pain.
- [] 2. Pain is bad but I manage journeys of over two hours.
- [] 3. Pain restricts me to short necessary journeys under 30 minutes.
- [] 4. Pain prevents me from traveling except to receive treatment.

Section 10 – Changing Degree of Pain

- [] 0. My pain is rapidly getting better.
- [] 1. My pain fluctuates, but is definitively getting better.
- [] 2. My pain seems to be getting better, but improvement is slow at present.
- [] 3. My pain is neither getting better nor worse.
- [] 4. My pain is gradually worsening.
- [] 5. My pain is rapidly worsening.

ODI-R Score: _____

Test: DAST

Instructions: This test must be answered by all new patients. Place an "X" next to the answer to each question.

- []Yes []No 1. Have you used drugs other than those required for medical reasons?
- []Yes []No 2. Have you abused prescription drugs?
- []Yes []No 3. Do you abuse more than one drug at a time?
- []Yes []No 4. Can you get through the week without using drugs (other than those required for medical reasons)?
- []Yes []No 5. Are you always able to stop using drugs when you want to?
- []Yes []No 6. Do you abuse drugs on a continuous basis?
- []Yes []No 7. Do you try to limit your drug use to certain situations?
- []Yes []No 8. Have you had "blackouts" or "flashbacks" as a result of drug use?
- []Yes []No 9. Do you ever feel bad about your drug abuse?
- []Yes []No 10. Does your spouse (or parents) ever complain about your involvement with drugs?
- []Yes []No 11. Do your friends or relatives know or suspect you abuse drugs?
- []Yes []No 12. Has drug abuse ever created problems between you and your spouse?
- []Yes []No 13. Has any family member ever sought help for problems related to your drug use?
- []Yes []No 14. Have you ever lost friends because of your use of drugs?
- []Yes []No 15. Have you ever neglected your family or missed work because of your use of drugs?
- []Yes []No 16. Have you ever been in trouble at work because of drug abuse?
- []Yes []No 17. Have you ever lost a job because of drug abuse?
- []Yes []No 18. Have you gotten into fights when under the influence of drugs?
- []Yes []No 19. Have you ever been arrested because of unusual behavior while under the influence of drugs?
- []Yes []No 20. Have you ever been arrested for driving while under the influence of drugs?
- []Yes []No 21. Have you engaged in illegal activities to obtain drugs?
- []Yes []No 22. Have you ever been arrested for possession of illegal drugs?
- []Yes []No 23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?
- []Yes []No 24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?
- []Yes []No 25. Have you ever gone to anyone for help for a drug problem?
- []Yes []No 26. Have you ever been in hospital for medical problems related to your drug use?
- []Yes []No 27. Have you ever been involved in a treatment program specifically related to drug use?
- []Yes []No 28. Have you been treated as an outpatient for problems related to drug abuse?

DAST Score: _____

Test: SAQ

Instructions: Please carefully read through the list below. Place an "X" next to any of the substances that you have used, at least once before. Please be honest. Thank you.

_____ Alcohol

_____ Other: _____

_____ Nicotine

- _____ Cigarettes
- _____ Smokeless Tobacco
- _____ Cigar

_____ Anabolic Steroids

_____ Cannabinoids

- _____ Marijuana
- _____ Hashish

_____ Antidepressants

- _____ Paxil
- _____ Prozac
- _____ Zoloft
- _____ Effexor
- _____ Celexa
- _____ Cymbalta
- _____ Remeron
- _____ Other: _____

_____ Inhalants/Whippets/Huffing

- _____ Nitrates: Amyl, Butyl, Rush/Poppers
- _____ Solvents: Glue, Gasoline
- _____ Gases: Nitrous Oxide, Paint
- _____ Other: _____

_____ Dissociative Anesthetics

- _____ Ketamine
- _____ PCP/Angel Dust

_____ Sedative, Hypnotic, or Anxiolytic

- _____ Barbiturates: Phenobarbital, Nembutal
- _____ Benzodiazepines: Ativan, Valium, Klonopin, Xanax, Librium
- _____ Rohypnol/Roofies
- _____ GHB
- _____ Methaqualone/Quaalude
- _____ Ambien, Sonata
- _____ Other: _____

_____ Hallucinogens

- _____ LSD/Acid
- _____ Mescaline/Peyote
- _____ Psilocybin/Magic Mushrooms

_____ Opioids & Derivatives

- _____ Codeine
- _____ Morphine
- _____ Opium
- _____ Heroin
- _____ Fentanyl
- _____ Oxycodone
- _____ Hydrocodone: Lortab, Vicodin
- _____ Propoxyphene: Darvon, Darvocet
- _____ Methadone: Methadose
- _____ Other: _____

_____ Antipsychotics/Anticonvulsants

- _____ Haldol
- _____ Tegretol
- _____ Depakote
- _____ Topamax
- _____ Lithium
- _____ Zyprexa
- _____ Neurontin: Gabapentin
- _____ Lyrica: Pregabalin
- _____ Other: _____

_____ Over-the-counter medications

- _____ Aspirin
- _____ Tylenol
- _____ Ephedrine/Pseudoephedrine
- _____ Antihistamines: Benadryl
- _____ Cough Medicines: Robitussin, Nyquil
- _____ Cold Medicines: Sudafed

_____ Stimulants

- _____ Amphetamines: Ritalin, Adderall, Dexedrine
- _____ Cylert
- _____ MDMA/Ectasy
- _____ Cocaine/Crack
- _____ Methamphetamine/ICE/Crank
- _____ Other: _____

Please list any other substances that you have experimented with, which are not listed above:

Test	Reference
RDQ	<ol style="list-style-type: none"> 1. Deyo RA, Battie M, Beurskens AJ, Bombardier C, Croft P, Koes B, et al. Outcome measures for low back pain research. <i>Spine</i> 1998;23:2003-2013. 2. Roland M, Morris R. A study of the natural history of back pain: part I: development of a reliable and sensitive measure of disability in low-back pain. <i>Spine</i> 1983;8:141-144. 3. Deyo RA. Comparative validity of the sickness impact profile and shorter scales for functional assessment in low back pain. <i>Spine</i> 1986;11:951-0954. 4. Jensen MP, Strom SE, Turner JA, Romano JM. Validity of the Sickness Impact Profile Roland scale as a measure of dysfunction in chronic pain patients. <i>Pain</i> 1992;50:157-162. 5. Patrick DL, Deyo RA, Atlas SJ, Singer DE, Chapin A, Keller RB. Assessing health related quality of life in patients with sciatica. <i>Spine</i> 1995;20:1899-909. 6. Roberts A. The conservative treatment of low back pain. MD thesis, University of Nottingham, 1991. 7. Waddell G. <i>The Back Pain Revolution</i>. Edinburgh: Churchill Livingstone, 1998. 8. Baker CD, Pynsent PB, Fairbank JCT. The Oswestry Disability Index revisited: its reliability, repeatability and validity, and a comparison with the St. Thomas's Disability Index. In: Roland MO, Jenner JR, eds. <i>Back Pain: New Approaches to Education and Rehabilitation</i>. Manchester University Press, 1989:174-86. 9. Stratford PW, Binkley JM. Measurement properties of the RM 18: a modified version of the Roland-Morris disability scale. <i>Spine</i> 1997;22:2416-2421. 10. CareTrak outcomes software. Grand Rapids, MN; (800) 393-7255, www.caretrak-outcomes.com.
CDQ	Fischer, J., Spann, L., Crawford, D. (1991). Measuring codependency. <i>Alcoholism Treatment Quarterly</i> , 8, 1, 87-100.
NDI	Vernon H, Mior S. <i>J Manipulative Physiol Ther</i> 1991;14:409415.
CAGE	Ewing JA., CAGE questionnaire. <i>Journal of the American Medical Association</i> . 252(14): 1905-1907, 1984.
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ODI-R	Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), <i>Back Pain New Approaches To Rehabilitation & Education</i> . Manchester Univ Press, Manchester 1989: 187-204
DAST	Gavin DR; Ross HE; Skinner HA. Diagnostic validity of the Drug Abuse Screening Test in the assessment of DSM-III drug disorders. <i>British Journal of Addiction</i> 84(3): 301-307, 1989. (23 refs.)