

SCREENING TESTS INTERPRETATION:

RDQ: ROLAND MORRIS DISABILITY QUESTIONNAIRE

Scoring Instructions:

The patient is instructed to put a mark next to each appropriate statement.

The total number of marked statements are added. Unlike the authors of the Oswestry Disability Questionnaire, Roland and Morris did not provide descriptions of the varying degrees of disability (e.g. 40%-60% is severe disability).

Clinical improvements over time can be graded based on the analysis of serial questionnaire scores. If, for example, at the beginning of treatment, a patient's score was 12 and, at the conclusion of treatment, the score was 2 (10 points of improvement), we would calculate an 83% ($910/12 \times 100$) improvement.

CDQ: SPANN-FISCHER CODEPENDENCY SCALE

Scoring Instructions:

To determine the score, reverse the score for items 5 and 7 (for example: if 6 was circled, replace it with 1; if 5 was circled, replace it with 2; and if 4 was circled, replace it with 3). Then sum all answers.

CDQ Interpretation:

A scores in the range of 16 or lower is indicative of low co-dependency. Co-dependency increases with increasing scores.

NDI: NECK DISABILITY INDEX QUESTIONNAIRE

Scoring Instructions:

The NDI is scored in the same way as the Oswestry Disability Index. The maximum score for all ten sections is therefore 50 points. If the patient doesn't answer a question, calculate the score for that Section as a zero. Each section has 6 possible answers. Statement 1 is graded as 0 points; statement 6 is graded as 5 points. A total score of 50 is thus possible and would indicate 100% disability. So, for example, a total score of 10 of a possible 50 would constitute a 20% disability.

NDI Interpretation:

0-9% (**0-4**) **No disability**
10-28% (**5-14**) **Mild**
30-48% (**15-24**) **Moderate**
50-68% (**25-34**) **Severe**
72% or more (> **35**) **Completely disabled**

CAGE: ALCOHOLISM SCREENING QUESTIONNAIRE

Scoring Instructions:

One point for each positive answer. Score of 1-3 should create a high index of suspicion and warrants further evaluation.

CAGE Interpretation:

Score of 1: 80% of patients are alcohol dependent

Score of 2: 89% of patients are alcohol dependent

Score of 3: 99% of patients are alcohol dependent

Score of 4: 100% of patients are alcohol dependent

SOAPP-SF: SCREENER AND OPIOID ASSESSMENT FOR PATIENTS WITH PAIN –SHORT FORM

Scoring Instructions:

The five questions that make up the SOAPP V.1-SF have been empirically identified as predicting aberrant medication-related behavior six months after initial testing. Each of the five questions have five possible answers with values ranging from 0-4. The maximum score for all five questions is therefore 20 points. The SOAPP-SF is better at identifying who is at high risk than identifying who is at low risk. Clinically, a score of 4 or higher will identify 86% of those who actually turn out to be at high risk. The Negative Predictive Values for a cutoff score of 4 is .85, which means that most people who have a negative SOAPP are likely at low-risk. All this implies that by using a cutoff score of 4 will ensure that the provider is least likely to miss someone who is really at high risk. However, one should remember that a low SOAPP score suggests the patient is really at low-risk, while a high SOAPP score will contain a larger percentage of false positives (about 33%), while at the same time retaining a large percentage of true positives. The SOAPP is less good at identifying who is not at-risk.

SOAPP-SF Interpretation:

Less than 4: Negative likelihood of a risk of SUD.

4 or more: Positive likelihood of a risk of SUD.

ODI-R: REVISED OSWESTRY DISABILITY INDEX QUESTIONNAIRE

Scoring Instructions:

This is a self-report questionnaire: the patient is instructed to fill it out. The patient follows the general instructions given at the top of the questionnaire. Each section must be completed. If the patient leaves one blank, instruct them to complete the form. It must be completed in one sitting. Each section has 6 possible answers. Statement 1 is graded as 0 points; statement 6 is graded as 5 points. A total score of 50 is thus possible and would indicate 100% disability. So, for example, a total score of 10 of a possible 50 would constitute a 20% disability.

ODI-R Interpretation:

0-20% (0-10) Minimal - This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness, and diet.

20-40% (10-20) Moderate - This group experiences more pain and problems with sitting, lifting, and standing. Travel and social life are more difficult and they may well be off work. Personal care, sexual activity*, and sleeping are not grossly affected, and the back condition can usually be managed by conservative means.

40-60% (20-30) Severe - Pain remains the main problem in this group of patients, but travel, personal care, social life, sexual activity*, and sleep are also affected. These patients require detailed investigation.

60-80% (30-40) Crippled - Back pain impinges on all aspects of these patients' lives—both at home and at work—and positive intervention is required.

80-100% (> 40) Complete - (Patient is either bed-ridden or exaggerating). **These patients are either bed-bound or exaggerating their symptoms.** This can be evaluated by careful observation of the patient during medical examination.

DAST: DRUG ABUSE SCREENING TEST

Scoring instructions:

A score of "1" is given for each YES response, except for **items 4,5, and 7**, for which a NO response is given a score of "1." Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4,7,16,20, and 22.

DAST Interpretation:

6 or more = substance use disorder (SUD) (abuse or dependence).

12 or more = definite substance abuse problem.