

BAP-2

Behavioral Assessment of Pain-2 Questionnaire

Questionnaire Booklet

Michael J. Lewandowski, Ph.D.

Blake H. Tearnan, Ph.D.

Pain Assessment Resources

Introduction and Instructions



“Hello!

We are about to embark on a journey to examine those factors that may be playing havoc with your pain problem. Like a puzzle with missing pieces, the questions you are about to answer will give us clues as to what is aggravating and perhaps even perpetuating your pain problem. Chances are your quality of life and ability to function are not at an acceptable level. Solving the mystery of your pain is important.

I believe that pain can be aggravated by many things including the degree of your tissue damage, the trauma, sleep disturbance, the way others respond to you when you are in pain, your mood, such as depression, anxiety and anger and the ideas and thoughts you have about living with pain.

Your responses to the following questions are intended to help your health care team in developing a treatment plan that is customized to your unique needs. Please consider your “typical” pain when answering these questions rather than your pain at its highest or worst.

Thank you and let us begin.”

*Published and distributed by: Pain Assessment Resources
4790 Caughlin Parkway Suite 173
Reno, Nevada 89519*

*Behavioral Assessment of Pain (BAP-2)
Copyright by Pendrake, Inc. 1990 – 2009
1-800-782-1501*

All rights reserved

Printed in the United States of America

10. Your spouse/partner's occupation:
- skilled trade or clerical (carpenter, electrician, truck driver, secretary)
 - semi-skilled or unskilled (dishwasher, porter, assembler)
 - business executive or managerial
 - professional (e.g., lawyer, teacher, nurse, physician, psychologist)
 - homemaker
 - other
11. Your highest educational level achieved:
- graduate or professional training (obtained degree)
 - college graduate (obtained degree)
 - partial college training
 - high school graduate
 - GED or trade-technical school graduate
 - partial high school (10th grade through partial 12th)
 - partial junior high school (7th grade through 9th grade)
 - elementary school (6th grade or less)
12. Because of your pain problem, are you involved in a legal suit or have you retained a lawyer?
- Yes
 - No
13. How financially "strapped" are you because of your pain problem?
- 0 1 2 3 4 5 6 7
- not at all a great deal
14. Are you receiving disability payments? a. Yes b. No
- If **YES**, answer the following two questions.
- If **NO** skip to question #17.
15. Are you satisfied with the amount of money you are receiving from your disability payments?
- 0 1 2 3 4 5 6 7
- not at all very satisfied
- satisfied satisfied
16. Indicate the percentage of your total family income that is from your disability payments:
- 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
17. Indicate your total yearly family income (this question is optional):
- below \$5,000
 - \$5,001 - \$15,000
 - \$15,001 - \$25,000
 - \$25,001 - \$50,000
 - over \$50,000

Rate how often you do each of the things below when you are in pain:

	not at all				very frequently			
26. cry	0	1	2	3	4	5	6	7
27. moan or wince	0	1	2	3	4	5	6	7
28. lie down	0	1	2	3	4	5	6	7
29. become irritable	0	1	2	3	4	5	6	7
30. talk to others about your pain	0	1	2	3	4	5	6	7
31. tell others to leave you alone	0	1	2	3	4	5	6	7
32. brace yourself when you sit	0	1	2	3	4	5	6	7
33. walk in a way that others could notice that you are in pain	0	1	2	3	4	5	6	7

Rate each word below to indicate how well it describes your pain:

	does not describe my pain at all				describes my pain very well			
34. throbbing	0	1	2	3	4	5	6	7
35. sharp	0	1	2	3	4	5	6	7
36. pulling	0	1	2	3	4	5	6	7
37. tender	0	1	2	3	4	5	6	7
38. sore	0	1	2	3	4	5	6	7
39. tight	0	1	2	3	4	5	6	7
40. dull	0	1	2	3	4	5	6	7
41. aching	0	1	2	3	4	5	6	7

42. Approximately how many health care visits have you had in the past 6 months for your pain problem? Include ALL visits to physicians or chiropractors. For example, if you saw a surgeon once and a chiropractor 2 times for reasons related to your pain, the total number of visits would be 3:

- | | |
|-----------|---------------|
| a. 0 - 3 | d. 11 - 15 |
| b. 4 - 7 | e. 16 - 19 |
| c. 8 - 10 | f. 20 or more |

43. How many different physicians or chiropractors have you consulted in the past year? For example, if you saw Dr. Brown, the neurologist, and Dr. Young, the chiropractor, you would answer 2:

- | | | |
|----------|----------|--------------|
| a. 0 | c. 3 - 4 | e. 7 - 8 |
| b. 1 - 2 | d. 5 - 6 | f. 9 or more |

44. Indicate how many emergency room visits you have had for your pain problem in the past year:
a. 0 c. 3 - 4 e. 7 - 8
b. 1 - 2 d. 5 - 6 f. 9 or more

45. How many hospitalizations have you had for your pain problem? Include hospitalizations for diagnostic work-ups, surgery or for any reason related to your pain problem:
a. 0 c. 3 - 4 e. 7 - 8
b. 1 - 2 d. 5 - 6 f. 9 or more

46. Indicate how many surgeries you have had for your current pain problem:
a. 0 c. 2 e. 5 - 6
b. 1 d. 3 - 4 f. 7 or more

47. Of all the medical, surgical, psychiatric, physical therapy or chiropractic treatments you have had for your pain, estimate the total amount of improvement you have received:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



“The following questions ask about your use of pain medication and other substances that may influence your pain.”



Have you read the above Instructions?

48. Indicate how many cups of regular coffee you drink per **day**:
a. 0 d. 4 - 5
b. 1 e. 6 - 7
c. 2 - 3 f. 8 or more

49. Indicate how many cups of regular (not herbal) tea you drink per **day**:
a. 0 d. 4 - 5
b. 1 e. 6 - 7
c. 2 - 3 f. 8 or more

50. Indicate how many cans of soft drink that contain caffeine you drink per **day** (e.g., regular Coke, Pepsi, Diet Pepsi, Diet Coke, Tab, etc.):
a. 0 d. 4 - 5
b. 1 e. 6 - 7
c. 2 - 3 f. 8 or more

51. Indicate how many alcoholic drinks you have per **week** (e.g., wine, beer, and hard liquor):

- a. 0
- b. 1 - 5
- c. 6 - 10
- d. 11 - 15
- e. 16 - 20
- f. 21 or more

52. Indicate how many cigarettes you smoke each **day**:

- a. 0
- b. 1 - 10
- c. 11 - 20
- d. 21 - 30
- e. 31 - 40
- f. 41 or more



“This next question asks about different medications you CURRENTLY take including medication for your pain, sleep and mood. Be sure to answer “Yes” or “No” each question.”



Have you read the above Instructions?

Medications. Please check the number that indicates the medications you are currently using. This is a list of many of the medications used by people with chronic pain. The generic names are followed by common examples of brand names (in parentheses).

53-1. Non-Prescription Pain Relievers

If you are CURRENTLY using any of the Non-Prescription Pain Relievers listed below, circle “Yes” on the first column on 53-1, if not then circle “No” on 53-1. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Acetaminophen (Tylenol, Datril, Phenaphen, Panadol)
- Aspirin (Bayer, Empirin)
- Aspirin and caffeine (Anacin, Synalgos)
- Buffered aspirin (Bufferin, Ascriptin)
- Effervescent aspirin (Alka Seltzer, Bromo Seltzer)
- Enteric coated aspirin (Ecotrin)
- Ibuprofen (Advil, Nuprin, Haltrin, Pamprin)
- Choline salicylate (Arthropan)
- Salsalate (Disalcid)
- Triple salicylates (Trilisate)

53-2. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

If you are CURRENTLY using any of the Non-Steroidal Anti-Inflammatory Medications listed below, circle “Yes” on the first column on 53-2, if not then circle “No” on 53-2. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Fenoprofen (Nalfon)
- Oxaprozin (Daypro)
- Celebrex (Celecoxib)
- Carprofen (Rimadyl)
- Diclofenac (Voltaren)
- Diflunisal (Dolobid)
- Etodolac (Lodine)
- Fenoprofen (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Advil, Medipren, Motrin, Nuprin)
- Indomethacin (Indocin, etc.)
- Ketoprofen (Orudis)
- Ketorolac (Toradol)
- Meclofenamate (Meclomen)
- Mefenamic acid (Ponstel)
- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Naproxen (Naprosyn, Anaprox)
- Oxaprozin (Daypro)
- Oxyphenbutazone (Tandearil, others)
- Phenylbutazone (Butazolidin, Azolid, etc.)
- Piroxicam (Feldene)
- Sulindac (Clinoril)
- Tolmetin (Tolectin)

53-3. Prescription Pain Relievers - Analgesics - Short-Acting and Rapid-onset

If you are CURRENTLY using any of the Prescription Pain Relievers – Analgesics – Short-Acting and Rapid-onset medications listed below, circle “Yes” on the first column on 53-3, if not then circle “No” on 53-3. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Codeine (Tylenol #3, #4)
- Dezocine (Dalgan)
- Dihydrocodeine (Synalgos-DC)
- Fentanyl citrate (Actiq, Fentora)
- Hydromorphone (Dilaudid)
- Hydrocodone (Anexia, Lorcet, Lortab, Norco, Hydrocet, Hycodaphen, Hy-Phen, Zydone, Vicodin, Vicoprofen)
- Meperidine (Demerol, Mepergan, pethidine)
- Morphine IR
- Oxycodone (Percocet, Percodan, Roxicodone, Tylox, Combunox, Supeudol)
- Oxymorphone (Numorphan)
- Nalbuphine (Nubain)
- Pentazocine (Talwin, Talacen)
- Propoxyphene (Darvocet-N 100, Darvon, Dolene)
- Tramadol hydrochloride (Tramadol, Ultracet, Ultram)

53-4. Prescription Pain Relievers - Analgesics - Time-released and long-acting

If you are CURRENTLY using any of the Prescription Pain Relievers - Analgesics - Time-released and long-acting medications listed below, circle “Yes” on the first column on 53-4, if not then circle “No” on 53-4. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Morphine sulfate (Astramorph, Duramorph, Kadian, Avinza, MS Contin, Oramorph SR, Roxanol)
- Oxycontin (Endocodone, ETH-Oxydose, M-Oxy, OxyContin, Oxyfast, OxyIR, Percolone, Roxicodone, Roxicodone Intensol)
- Methadone (Diskets, Dolophine, Methadose)
- Levorphanol (LevoDromoran)
- Fentanyl (Duragesic, Sublimaze)
- Oxymorphone (Opana ER)
- buprenorphine and naloxone (Suboxone, Stadol)
- Tridural, Ralivia, Tramacet

53-5. Antidepressant Medications

If you are CURRENTLY using any of the Antidepressant Medications listed below, circle “Yes” on the first column on 53-5, if not then circle “No” on 53-5. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective

- C. Moderately effective
- D. Very effective

- Amitriptyline (Elavil)
- Desipramine hydrochloride (Norpramin)
- Nortriptyline (Pamelor, Aventyl)
- Fluoxetine (Prozac)
- Bupropion (Wellbutrin)
- Venlafaxine (Effexor)
- Paroxetine (Paxil)
- Citalopram (Celexa)
- Duloxetine (Cymbalta)
- Sinequan (Doxepin)
- Escitalopram (Lexapro)
- Sertraline (Zoloft)

53-6. Steroid medications

If you are CURRENTLY using any of the Steroid medications listed below, circle “Yes” on the first column on 53-6, if not then circle “No” on 53-6. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Deltasoned (Prednisone)
- Dexamethasone (Decadron)
- Methylprednisolone (Medrol)

53-7. Muscle Relaxants

If you are CURRENTLY using any of the Muscle Relaxants listed below, circle “Yes” on the first column on 53-7, if not then circle “No” on 53-7. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Carisoprodol (Soma, Vanadom)
- Chlorphenesin (Maolate)
- Chlorzoxazone (Paraflex, Paracet, Chlorzone)
- Cyclobenzaprine (Flexeril)
- Dantrolene (Dantrium)
- Metaxalone (Skelaxin)

- Methocarbamol (Robaxin, Marbaxin)
- Orphenadrine (Norflex, X-Otag)
- Tizanidine (Zanaflex)
- Bromazepam (Lectopam)

53-8. Benzodiazepines (Anti-anxiety)

If you are CURRENTLY using any of the Benzodiazepines (Anti-anxiety) medications listed below, circle “Yes” on the first column on 53-8, if not then circle “No” on 53-8. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Cloredate (Tranxene)
- Diazepam (Valium)
- Chlordiazepoxide (Librium)
- Clorazepate (Tranxene)
- Halazepam (Paxipam)
- Lorazepam (Ativan)
- Oxazepam (Serax)
- Prazepam (Centrax)
- Quazepam (Doral)

53-9. Neuropathic, Anti-spasm and other pain medicines

If you are CURRENTLY using any of the Neuropathic, anti-spasm medications listed below, circle “Yes” on the first column on 53-9, if not then circle “No” on 53-9. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Baclofen (Lioresal)
- Calcitonine (Miacalcin, Calcimar)
- Gabapentin (Neurontin, Gabarone)
- Pregabalin (Lyrica)
- Carbamazepine (Carbatrol, Equetro, Tegretol, Tegretol XR, Eptol)
- Pival, Depaken, Topamax, Lamictal

53-10. Sleep medicines

If you are CURRENTLY using any of the Sleep medications listed below, circle “Yes” on the first column on 53-10, if not then circle “No” on 53-10. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Zolpidem tartrate (Ambien)
- Eszopiclone (Lunesta)
- Imovane
- Zaleplon (Sonata)

53-11. Natural “Herbal” medicines

If you are CURRENTLY using any of the Natural “Herbal” Medications listed below, circle “Yes” on the first column on 53-11, if not then circle “No” on 53-11. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Belladonna
- Beta-carotene
- Creatine
- Danshen
- DHEA
- Echinacea
- Folate
- Ginkgo
- Ginseng
- Glucosamine
- Kava
- Melatonin
- Selenium
- Spirulina
- St. John's wort
- Valerian



“Below are questions that concern the treatments and diagnoses made by your doctors since you developed pain. Consider ALL the doctors that you have had contact with when answering each question.”



Have you read the above Instructions?

-
54. My doctors have encouraged me to contact them if I experience any increase in my pain.
0 1 2 3 4 5 6 7
not at all very often
55. My doctors have said that surgery or medications are the only treatments that might help me.
0 1 2 3 4 5 6 7
not at all very often
56. My doctors have talked to me about different ways to manage my pain besides taking medication, resting, and receiving shots.
0 1 2 3 4 5 6 7
not at all very often
57. My doctors have warned me against doing anything that could make my pain worse, even after six months following the onset of my pain, or any surgery for my pain.
0 1 2 3 4 5 6 7
not at all very often
58. My doctors have said they cannot find anything physically wrong that would explain why I continue to have pain.
0 1 2 3 4 5 6 7
not at all very often
59. Even after six months following the onset of my pain, or any surgery for my pain, I have been cautioned by doctors that serious injury or paralysis could result if I attempted to increase my physical activity.
0 1 2 3 4 5 6 7
not at all very often
60. I have had doctors tell me I should not be in as much pain as I say I am.
0 1 2 3 4 5 6 7
not at all very often

61. Even after six months following the onset of my pain, or any surgery for my pain, my doctors have continued to recommend I restrict most of my physical activities.

0 1 2 3 4 5 6 7
not at all very often

62. My doctors have accused me of exaggerating my pain.

0 1 2 3 4 5 6 7
not at all very often

63. My doctors have tried to get me to exercise and be more physically active.

0 1 2 3 4 5 6 7
not at all very often

64. My doctors have tried to include me as a participant in my own health care such as giving me choices, asking for my feedback, and encouraging me to develop certain skills, such as muscle stretching, that I could practice on my own.

0 1 2 3 4 5 6 7
not at all very often

65. Even after six months following the onset of my pain, or any surgery for my pain, my doctors have told me, "You might harm yourself if you attempt to increase your physical activity."

0 1 2 3 4 5 6 7
not at all very often

66. My doctors have gotten annoyed at me when I've complained of pain.

0 1 2 3 4 5 6 7
not at all very often

67. My doctors have prescribed narcotic medication such as Percodan or Codeine for my pain problem, even after six months following the onset of my pain or any surgery for my pain.

0 1 2 3 4 5 6 7
not at all very often

68. My doctors have criticized me for not increasing my physical activity

0 1 2 3 4 5 6 7
not at all very often

69. When I have tried to increase my physical activity in the past, my doctors have encouraged me to continue.

0 1 2 3 4 5 6 7
not at all very often

70. My doctors have gotten upset with me for taking too much pain medication.

0 1 2 3 4 5 6 7
not at all very often

71. My doctors have repeated diagnostic tests such as the myelogram, CAT-scan, X-rays, and EMG's when my pain worsened, even though earlier tests have not found anything wrong.
0 1 2 3 4 5 6 7
not at all very often
72. My doctors have told me that the pain is all in my head, or words to that effect.
0 1 2 3 4 5 6 7
not at all very often
73. My doctors have listened with interest to my complaints of pain.
0 1 2 3 4 5 6 7
not at all very often
74. My doctors have become irritated with me because I have improved little with treatment.
0 1 2 3 4 5 6 7
not at all very often
75. My doctors have encouraged me to go the emergency room when my pain flared up.
0 1 2 3 4 5 6 7
not at all very often
76. My doctors have gotten annoyed at me for exploring alternative treatments for managing my pain (i.e., relaxation training, nutritional education and stress management).
0 1 2 3 4 5 6 7
not at all very often
77. Whenever I complained of an increase in pain or no improvement with therapy, my doctors have encouraged me to rest and take pain medications. This was the case even after six months following the onset of my pain or any surgery for my pain.
0 1 2 3 4 5 6 7
not at all very often
78. My doctors have relied primarily on medications to treat my pain problem.
0 1 2 3 4 5 6 7
not at all very often



“If you LIVE ALONE, go to question #106. Complete this section only if you live with a spouse or partner.”

Rate **HOW FREQUENTLY** your spouse/partner **DOES** the following things:

	not at all				very often			
79. Encourages you to do your chores and duties.	0	1	2	3	4	5	6	7
80. Pays more attention to your needs when you are in pain than when you are not in pain.	0	1	2	3	4	5	6	7
81. Encourages you to rest when you are in pain.	0	1	2	3	4	5	6	7
82. Tells you he/she likes it when you increase your physical activity.	0	1	2	3	4	5	6	7
83. Becomes irritated with you when you try to increase your physical activity.	0	1	2	3	4	5	6	7
84. Pays attention to you when you are physically active, such as doing chores around the house or yard.	0	1	2	3	4	5	6	7
85. Pushes you to be more active.	0	1	2	3	4	5	6	7
86. Tells you that he/she appreciates it when you help around the house or yard.	0	1	2	3	4	5	6	7
87. Cautions you about reinjuring yourself when you are physically active (e.g., exercising, working around the yard, walking).	0	1	2	3	4	5	6	7
88. Encourages you to walk and exercise.	0	1	2	3	4	5	6	7
89. Warns you when you are physically active, "You'll pay the price if you keep that up."	0	1	2	3	4	5	6	7
90. Complains that your pain has made his/her life difficult.	0	1	2	3	4	5	6	7
91. Is especially nice to you when you are in pain.	0	1	2	3	4	5	6	7

Rate how frequently your spouse/partner does the following things?

	not at all				very often			
92. Gets irritated or angry at you because of your pain.	0	1	2	3	4	5	6	7
93. Gives you a massage when you are in pain.	0	1	2	3	4	5	6	7
94. Gets upset with you for taking too much pain medication.	0	1	2	3	4	5	6	7
95. Brings you your pain medication when you are in pain.	0	1	2	3	4	5	6	7
96. Asks how you feel when you are in pain.	0	1	2	3	4	5	6	7
97. Becomes irritated with you for not getting better.	0	1	2	3	4	5	6	7
98. Asks if he/she can help in some way when you are in pain.	0	1	2	3	4	5	6	7
99. Stops you from doing physical activities that could increase your pain.	0	1	2	3	4	5	6	7
100. Encourages you to call your doctor when your pain flares up.	0	1	2	3	4	5	6	7
101. Criticizes you for not increasing your physical activity.	0	1	2	3	4	5	6	7
102. Takes over your chores and duties when you are in pain.	0	1	2	3	4	5	6	7
103. Gets mad at you when you tell him/her you are in pain.	0	1	2	3	4	5	6	7
104. Nags at you about being more active when you recline, sit or lie around the house.	0	1	2	3	4	5	6	7
105. Tells you that you should not be in as much pain as you say you are.	0	1	2	3	4	5	6	7



“The following questions ask about any changes in your activities since you developed pain. There are three parts to each question.”

<u>ACTIVITIES</u>	Before How frequently did you do this activity <u>BEFORE</u> you had pain?		Now How frequently do you do this activity <u>NOW</u> ?		Avoidance Do you avoid this activity because of pain	
	not at all	very often	not at all	very often	not at all	very often
106. dining out	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
107. running errands	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
108. moving furniture	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
109. hunting/fishing	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
110. going to parties	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
111. laundry	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
112. ironing clothes	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
113. dusting or wiping	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
114. mowing the lawn	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
115. working on the car	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
116. getting dressed	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
117. shopping for groceries	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
118. gardening	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
119. doing the dishes	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
120. preparing meals	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
121. vacuuming	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
122. doing light household repairs	0 1 2 3 4 5 6 7		0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	

<u>ACTIVITIES</u>	Before How frequently did you do this activity <u>BEFORE</u> you had pain?							Now How frequently do you do this activity <u>NOW</u> ?							Avoidance Do you avoid this activity because of pain								
	not at all			very often				not at all			very often				not at all			very often					
123. eating	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
124. playing sports	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
125. scrubbing the floor	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
126. washing the car	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
127. walking long distances	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
128. going to a walk-in movie	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
129. sexual activity	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
130. brushing/combing hair	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
131. going to nightclubs	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
132. showering	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
133. dancing	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
134. sleeping	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
135. being visited by others	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
136. driving long distances	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
137. brushing teeth	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
138. doing plumbing repair	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
139. shaving	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7



“What kind of ideas and thoughts do you have about your pain problem? Rate how strongly you agree or disagree with the following statements.”

140. I am in control of my life even though I have pain.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

141. I sometimes feel I have to show others I am in pain, otherwise they won't believe my pain is real.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

142. I can get on with the business of living despite my pain.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

143. My pain problem is more than I can handle.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

144. My doctors have left no stone unturned in their attempts to treat my pain.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

145. The medical treatments I have received for my pain have been thorough and comprehensive.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

146. I deserve better than to have chronic pain.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

147. It isn't right that I'm experiencing chronic pain.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

148. I will never enjoy life again as long as I have pain.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

149. It bothers me that others might not believe my pain is real.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
150. I have accepted that nothing further can be done to eliminate my pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
151. I should be able to control the pain much better than I do.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
152. My life will never be fulfilled as long as I have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
153. Given the length of time I have had pain, it is unlikely I will ever improve.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
154. I shouldn't have to suffer from this pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
155. When I do things that increase my pain, I am concerned that I might re-injure myself.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
156. I shouldn't let the pain bother me as much as it does.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
157. The best way to cope with chronic pain is by resting and avoiding those activities that make the pain worse.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
158. I will never be completely happy as long as I have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
159. I must be doing something wrong since I continue to have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree

160. If I exert myself physically, I am only asking for trouble since I could re-injure myself.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

161. I have received every reasonable diagnostic test to help determine the cause of my pain (e.g., CAT-scan, X-rays, myelogram, etc.)

0 1 2 3 4 5 6 7
strongly disagree strongly agree

162. I'm upset with myself for not being able to control my pain better.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

163. My doctors have tried everything possible to treat my pain problem.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

164. Since very little has helped my pain problem so far, probably nothing will be able to.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

165. I sometimes feel I have to prove to others that I really do hurt.

0 1 2 3 4 5 6 7
strongly disagree strongly agree



“Over the past TWO WEEKS how often have you experienced the following symptoms?”



Have you read the above Instructions?

	not at all								very often
166. shortness of breath	0	1	2	3	4	5	6	7	
167. muscle twitching	0	1	2	3	4	5	6	7	
168. racing heart	0	1	2	3	4	5	6	7	
169. frequent urination	0	1	2	3	4	5	6	7	
170. restlessness	0	1	2	3	4	5	6	7	
171. feeling tense and keyed up	0	1	2	3	4	5	6	7	
172. stomach distress	0	1	2	3	4	5	6	7	
173. trouble swallowing	0	1	2	3	4	5	6	7	
174. crying easily	0	1	2	3	4	5	6	7	

	not at all						very often
175. dizziness	0	1	2	3	4	5	6 7
176. fatigue	0	1	2	3	4	5	6 7
177. feelings of guilt	0	1	2	3	4	5	6 7
178. worrying	0	1	2	3	4	5	6 7
179. feeling shaky	0	1	2	3	4	5	6 7
180. dry mouth	0	1	2	3	4	5	6 7
181. disappointment in yourself	0	1	2	3	4	5	6 7
182. feelings of anger	0	1	2	3	4	5	6 7
183. cold hands	0	1	2	3	4	5	6 7
184. feelings of sadness or depression	0	1	2	3	4	5	6 7
185. muscle tension or tightness	0	1	2	3	4	5	6 7
186. feelings of worthlessness	0	1	2	3	4	5	6 7
187. feelings of inferiority	0	1	2	3	4	5	6 7
188. trouble falling asleep	0	1	2	3	4	5	6 7
189. trouble staying asleep	0	1	2	3	4	5	6 7
190. sore muscles	0	1	2	3	4	5	6 7
191. racing thoughts	0	1	2	3	4	5	6 7
192. decreased interest in socializing	0	1	2	3	4	5	6 7
193. increase in your appetite	0	1	2	3	4	5	6 7
194. increase in weight over the past month	0	1	2	3	4	5	6 7
195. loss of interest for a variety of previously pleasant activities	0	1	2	3	4	5	6 7
196. thoughts of harming yourself or "ending it all"	0	1	2	3	4	5	6 7
197. being discouraged about the future	0	1	2	3	4	5	6 7
198. feelings of being punished or deserving punishment	0	1	2	3	4	5	6 7
199. difficulty motivating yourself to do things	0	1	2	3	4	5	6 7



“The following questions ask you what you think will happen to you and/or others when your pain increases.”

When your pain increases sharply, how concerned are you that:

	not at all concerned					very concerned		
	0	1	2	3	4	5	6	7
200. your pain will negatively affect others	0	1	2	3	4	5	6	7
201. you will not accomplish anything else the rest of the day	0	1	2	3	4	5	6	7
202. you will physically harm yourself	0	1	2	3	4	5	6	7
203. you will cause a set-back in your healing	0	1	2	3	4	5	6	7
204. your pain will cause others to be upset	0	1	2	3	4	5	6	7
205. you will reinjure yourself	0	1	2	3	4	5	6	7
206. you will become angry	0	1	2	3	4	5	6	7
207. your pain will make others suffer	0	1	2	3	4	5	6	7
208. you will make your physical problem worse	0	1	2	3	4	5	6	7
209. you will become irritable	0	1	2	3	4	5	6	7
210. your pain will interfere with the plans or activities of others	0	1	2	3	4	5	6	7
211. you will "lose your mind"	0	1	2	3	4	5	6	7
212. your pain will interfere with other activities	0	1	2	3	4	5	6	7
213. your pain will bring everyone else down	0	1	2	3	4	5	6	7
214. you will have a nervous breakdown	0	1	2	3	4	5	6	7
215. you will become increasingly dependent upon others	0	1	2	3	4	5	6	7

When your pain increases sharply, how concerned are you that:

	not at all concerned					very concerned			
216. your pain will not settle down	0	1	2	3	4	5	6	7	
217. you will become depressed	0	1	2	3	4	5	6	7	
218. your pain will get even worse	0	1	2	3	4	5	6	7	
219. your pain will take a long time to calm down	0	1	2	3	4	5	6	7	
220. you will lose self-respect	0	1	2	3	4	5	6	7	
221. the rest of the day will be shot	0	1	2	3	4	5	6	7	
222. you will become permanently disabled	0	1	2	3	4	5	6	7	
223. you will not get anything done	0	1	2	3	4	5	6	7	



“Thank you for completing the BAP-2!” We will analyze your information.