Dallas Pain Questionnaire

Activities quotidiennes

1 - Pain and Intensity
To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?

- None
- Some
- All the time

0 % — 100 %

2 – Personal care
How much does pain interfere with your personal care (getting out of bed, teeth brushing, dressing, etc)?

- None (no pain)
- Some
- I can’t get out of bed

0 % — 100 %

3 - Lifting
How much limitation do you notice in lifting?

- None
- Some
- I can’t lift anything

0 % — 100 %

4 - Walking
Compared to how far you could walk before your injury or back trouble, how much does pain restrict walking now?

- The same
- Almost the same
- Very little
- I cannot walk

0 % — 100 %
5 - Sitting

Back pain limits my sitting in a chair to:

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>I can’t sit at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td></td>
<td>100 %</td>
</tr>
</tbody>
</table>

6 - Standing

How much does pain interfere with your tolerance to stand for long periods?

<table>
<thead>
<tr>
<th>None (same as before)</th>
<th>Some</th>
<th>I can’t stand</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

7 - Sleeping

How much does pain interfere with your sleeping?

<table>
<thead>
<tr>
<th>None (same as before)</th>
<th>Some</th>
<th>I can’t sleep at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td></td>
<td>100 %</td>
</tr>
</tbody>
</table>

TOTAL x 3 = % de répercussion sur les activités quotidiennes.

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8 – Social life

How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc.)?

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>I can’t sleep at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td></td>
<td>100 %</td>
</tr>
</tbody>
</table>

9 - Traveling

How much does pain interfere with traveling in a car?

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>I can’t sleep at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td></td>
<td>100 %</td>
</tr>
</tbody>
</table>
10 - Vocational

How much does pain interfere with your job?

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>I can’t work</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td>20 %</td>
<td>80 %</td>
</tr>
</tbody>
</table>

TOTAL x 5 = % de répercussion sur le rapport activités professionelles/loisirs.

Anxiété/dépression

11 - Anxiety/Mood

How much control do you feel that you have over demands made on you?

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>Total (no change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td>20 %</td>
<td>80 %</td>
</tr>
</tbody>
</table>

12 – Emotional control

How much control do you feel you have over your emotions?

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>Total (no change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td>20 %</td>
<td>80 %</td>
</tr>
</tbody>
</table>

13 - Depression

How depressed have you been since the onset of pain?

<table>
<thead>
<tr>
<th>Not depressed significantly</th>
<th>Overwhelmed by depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 %</td>
<td>20 %</td>
</tr>
</tbody>
</table>

TOTAL x 5 = % de répercussion sur le rapport anxiété/dépression.
Sociabilité

14 – Interpersonal relationships
How much do you think your pain has changed your relationships with others?

Not changed  Drastically changed
0 % 100 %

15 – Social support
How much support do you need from others to help you during this onset of pain (taking over chores, meals, etc)?

No needed  All the time
0 % 100 %

16 – Punishing response
How much do you think others express irritation, frustration or anger toward you because of your pain?

None  Some  All the time
0 % 100 %

TOTAL x 5 = % de répercussion sur la sociabilité.

Patient last name: ..........................................................  Date of birth: . . . / . . . / . . . . . .
Patient first name: ..........................................................  Date: . . . / . . . / . . . . . .