

WEST HAVEN-YALE MULTIDIMENSIONAL PAIN INVENTORY

BEFORE YOU BEGIN, PLEASE ANSWER 2 PRE-EVALUATION QUESTIONS BELOW:

1. Some of the questions in this questionnaire refer to your "significant other". A significant other is *a person with whom you feel closest*. This includes anyone that you relate to on a regular or infrequent basis. It is very important that you identify someone as your "significant other". Please indicate below who your significant other is (check one):

- Spouse Partner/Companion Housemate/Roommate
 Friend Neighbor Parent/Child/Other relative
 Other (please describe):

2. Do you currently live with this person? YES NO

When you answer questions in the following pages about "your significant other", always respond in reference to the specific person you just indicated above.

A.

In the following 20 questions, you will be asked to describe your pain and how it affects your life. Under each question is a scale to record your answer. Read each question carefully and then circle a number on the scale under that question to indicate how that specific question applies to you.

1. Rate the level of your pain at the present moment.

0 1 2 3 4 5 6

No pain Very intense pain

2. In general, how much does your pain problem interfere with your day to day activities?

0 1 2 3 4 5 6

No interference Extreme interference

3. Since the time you developed a pain problem, how much has your pain changed your ability to work?

0 1 2 3 4 5 6

No change Extreme change

___ Check here, if you have retired for reasons other than your pain problem

4. How much has your pain changed the amount of satisfaction or enjoyment you get from participating in social and recreational activities?

0 1 2 3 4 5 6

No change Extreme change

5. How supportive or helpful is your spouse (significant other) to you in relation to your pain?

0 1 2 3 4 5 6

Not at all supportive Extremely supportive

6. Rate your overall mood during the past week.

0 1 2 3 4 5 6

Extremely low mood Extremely high mood

7. On the average, how severe has your pain been during the last week?

0 1 2 3 4 5 6

Not at all severe Extremely severe

8. How much has your pain changed your ability to participate in recreational and other social activities?

0 1 2 3 4 5 6

No change Extreme change

9. How much has your pain changed the amount of satisfaction you get from family-related activities?

0 1 2 3 4 5 6

No change Extreme change

10. How worried is your spouse (significant other) about you in relation to your pain problem?

0 1 2 3 4 5 6

Not at all worried Extremely worried

11. During the past week, how much control do you feel that you have had over your life?

0 1 2 3 4 5 6

Not at all in control Extremely in control

12. How much suffering do you experience because of your pain?

0 1 2 3 4 5 6

No suffering Extreme suffering

13. How much has your pain changed your marriage and other family relationships?

0 1 2 3 4 5 6

No change Extreme change

14. How much has your pain changed the amount of satisfaction or enjoyment you get from work?

0 1 2 3 4 5 6

No change Extreme change

___ Check here, if you are not presently working.

15. How attentive is your spouse (significant other) to your pain problem?

0 1 2 3 4 5 6

Not at all Extremely attentive

16. During the past week, how much do you feel that you've been able to deal with your problems?

0 1 2 3 4 5 6

Not at all Extremely well

17. How much has your pain changed your ability to do household chores?

0 1 2 3 4 5 6

No change Extreme change

18. During the past week, how irritable have you been?

0 1 2 3 4 5 6

Not at all irritable Extremely irritable

19. How much has your pain changed your friendships with people other than your family?

0 1 2 3 4 5 6

No change Extreme change

20. During the past week, how tense or anxious have you been?

0 1 2 3 4 5 6

Not at all tense or anxious Extremely tense or anxious

B.

In this section, we are interested in knowing how your significant other (this refers to the person you indicated above) responds to you when he or she knows that you are in pain. On the scale listed below each question, **circle a number** to indicate how often your significant other generally responds to you in that particular way when you are in pain.

1. Ignores me.

0 1 2 3 4 5 6

Never Very often

2. Asks me what he/she can do to help.

0 1 2 3 4 5 6

Never Very often

3. Reads to me.

0 1 2 3 4 5 6

Never Very often

4. Expresses irritation at me.

0 1 2 3 4 5 6

Never Very often

5. Takes over my jobs or duties.

0 1 2 3 4 5 6

Never Very often

6. Talks to me about something else to take my mind off the pain.

0 1 2 3 4 5 6

Never Very often

7. Expresses frustration at me.

0 1 2 3 4 5 6

Never Very often

8. Tries to get me to rest.

0 1 2 3 4 5 6

Never Very often

9. Tries to involve me in some activity

0 1 2 3 4 5 6

Never Very often

10. Expresses anger at me.

0 1 2 3 4 5 6

Never Very often

11. Gets me some pain medications.

0 1 2 3 4 5 6

Never Very often

12. Encourages me to work on a hobby.

0 1 2 3 4 5 6

Never Very often

13. Gets me something to eat or drink.

0 1 2 3 4 5 6

Never Very often

14. Turns on the T.V. to take my mind off my pain

0 1 2 3 4 5 6

Never Very often

C.

Listed below are 18 common daily activities. Please indicate how often you do each of these activities by circling a number on the scale listed below each activity. Please complete all 18 questions.

1. Wash dishes.

0 1 2 3 4 5 6

Never Very often

2. Mow the lawn.

0 1 2 3 4 5 6

Never Very often

3. Go out to eat.

0 1 2 3 4 5 6

Never Very often

4. Play cards or other games.

0 1 2 3 4 5 6

Never Very often

5. Go grocery shopping.

0 1 2 3 4 5 6

Never Very often

6. Work in the garden.

0 1 2 3 4 5 6

Never Very often

7. Go to a movie.

0 1 2 3 4 5 6

Never Very often

8. Visit friends.

0 1 2 3 4 5 6

Never Very often

9. Help with the house cleaning.

0 1 2 3 4 5 6

Never Very often

10. Work on the car.

0 1 2 3 4 5 6

Never Very often

11. Take a ride in a car.

0 1 2 3 4 5 6

Never Very often

12. Visit relatives.

0 1 2 3 4 5 6

Never Very often

13. Prepare a meal.

0 1 2 3 4 5 6

Never Very often

14. Wash the car.

0 1 2 3 4 5 6

Never Very often

15. Take a trip.

0 1 2 3 4 5 6

Never Very often

16. Go to a park or beach.

0 1 2 3 4 5 6

Never Very often

17. Do a load of laundry.

0 1 2 3 4 5 6

Never Very often

18. Work on a needed house repair.

0 1 2 3 4 5 6