

WorkSafeNB Pain and Activity Questionnaire

These questions and statements apply if you have aches or pains related to your injury. Please read and answer each question carefully. Do not take too long to answer the questions. However, it is important that you answer every question. There is always a response for your particular situation.

1. WorkSafeNB Claim No _____ Date Completed: _____
2. Claimant's name: _____
3. Where do you have pain? Place a \checkmark for all the appropriate sites.
__Neck __Shoulders __Upper back __Lower back __Leg
__Arm __Wrist / hand __Ankle / foot __Head __Other
4. How many days of work have you missed because of pain during the past 18 months? Tick (\checkmark) one.
__0 days (1) __1-2 days (2) __3-7 days (3) __8-14 days (4) __15-30 days (5)
__1 month (6) __2 month (7) __3-6 months (8) __6-12 months (9) __Over 1 year (10)
5. How long have you had your current pain problem? Tick (\checkmark) one.
__0-1 weeks (1) __1-2 weeks (2) __3-4 weeks (3) __4-5 weeks (4) __6-8 weeks (5)
__9-11 weeks (6) __3-6 months (7) __6-9 months (8) __9-12 months (9) __Over 1 year (10)
6. Is your work heavy or monotonous? Circle the best alternative.
Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely
7. How would you rate the pain that you have had during the past week? Circle one.
No pain 0 1 2 3 4 5 6 7 8 9 10 *Pain as bad as it could be*
8. In the past three months, on average, how bad was your pain? Circle one.
No pain 0 1 2 3 4 5 6 7 8 9 10 *Pain as bad as it could be*
9. How often would you say that you have experienced pain episodes, on average, during the past 3 months? Circle one.
Never 0 1 2 3 4 5 6 7 8 9 10 *Always*
10. Based on all the things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Circle one.
Can't decrease it at all 0 1 2 3 4 5 6 7 8 9 10 *Can decrease it completely*
11. How tense or anxious have you felt in the past week? Circle one.
Absolutely calm and relaxed 0 1 2 3 4 5 6 7 8 9 10 *As tense and anxious as I've ever felt*

Please complete page #2 of this form

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12. How much have you been bothered by feeling depressed in the past week? Circle one.

Not at all 0 1 2 3 4 5 6 7 8 9 10 *Extremely*

13. In your view, how large is the risk that your current pain may become persistent? Circle one.

No risk 0 1 2 3 4 5 6 7 8 9 10 *Very large risk*

14. In your estimation, what are the chances that you will be working in 6 months? Circle one.

No chance 0 1 2 3 4 5 6 7 8 9 10 *Very large chance*

15. If you take into consideration your work routine, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Circle one.

Not at all 0 1 2 3 4 5 6 7 8 9 10 *Completely satisfied*

Here are some of the things which other people have told us about their pain. For each statement please circle one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving would affect your pain.

16. Physical activity makes my pain worse.

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 *Completely agree*

17. An increase in pain is an indication that I should stop what I am doing until the pain decreases.

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 *Completely agree*

18. I should not do my normal work with my present pain.

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 *Completely agree*

Here is a list of 5 activities. Please circle the one number, which best describes your current ability to participate in each of these activities.

19. I can do light work for an hour.

Can't do it because of pain problem 0 1 2 3 4 5 6 7 8 9 10 *Can do it without pain being a problem*

20. I can walk for an hour.

Can't do it because of pain problem 0 1 2 3 4 5 6 7 8 9 10 *Can do it without pain being a problem*

21. I can do ordinary household chores.

Can't do it because of pain problem 0 1 2 3 4 5 6 7 8 9 10 *Can do it without pain being a problem*

22. I can go shopping.

Can't do it because of pain problem 0 1 2 3 4 5 6 7 8 9 10 *Can do it without pain being a problem*

23. I can sleep at night.

Can't do it because of pain problem 0 1 2 3 4 5 6 7 8 9 10 *Can do it without pain being a problem*