ASSESSMENT AND DIAGNOSIS

Signs and Symptoms of Visceral Pain

Signs and Symptoms of IBS

- Abdominal pain or cramping
- Bloated feeling
- Gas
- Diarrhea or constipation
 - Sometimes in alternating bouts of constipation and diarrhea
- Mucus in the stool
- Bowel movements improve the discomfort
- Feeling that a bowel movement is incomplete



Signs and Symptoms of Interstitial Cystitis

- Chronic pelvic pain
- Pain between vagina and anus (women) or scrotum and anus (men)
- Persistent, urgent need to urinate
- Frequent urination often small amounts throughout the day and night
 - Up to 60 times/day
- Pain/discomfort while bladder fills
- Relief after urination
- Painful sexual intercourse



Signs and Symptoms of Endometriosis

- Dysmenorrhea
- Pain with intercourse
- Pain with bowel movements or urination
- Excessive menstrual bleeding
- Infertility
- Fatigue
- Diarrhea or constipation
- Bloating
- Nausea



Especially during menstruation

Signs and Symptoms of Vulvodynia

- Pain in genital area:
 - Burning
 - Soreness
 - Stinging
 - Rawness
 - Painful intercourse
 - Throbbing
 - Itching
- Occasional or constant pain that can last for months or years



Vulvodynia Questionnaires

ISSVD Vulvodynia Pattern Questionnaire

What are your symptoms? (circle all that apply)

burning stinging rawness irritation

soreness itching stabbing knife-like

paper-cuts aching

other

Which of the following produces pain?

Sexual intercourse

If yes,

With penetration

During intercourse

After intercourse

With all partners

Insertion of tampon

Tight clothing or blue jeans

Which of the following problems do you have? (circle)

Fibromyalgia High blood pressure

Frequent headaches Angina pectoris/heart attacks

Frequent urinary tract infections Diabetes mellitus

Chronic fatigue syndrome Genital herpes

Low energy levels Thyroid disease

Depression Sinus problems/hay fever

Difficulty sleeping Allergies to medications

Weight gain or loss of more than ten pounds unintentionally in the past six months

Back pain TMJ syndrome

(temporomandibular joint)

Pelvic pain

Full questionnaire

Vulval Pain Functional Questionnaire

1.	Bec	Because of my pelvic pain				
		3	I can't wear tight-fitting clothing like pantyhose that puts any pressure over my painful area.			
			I can wear closer fitting clothing as long as it only puts a little bit of pressure over my painful			
			area.			
		1	I can wear whatever I like most of the time, but every now and then I feel pelvic pain caused			
			by pressure from my clothing.			
	П	0	L can wear whatever I like: I never have pelvic pain because of clothing			

3.	My pelvic pain					
		3	Gets worse when I sit, so it hurts too much to sit any longer than 30 minutes at a time.			
		2	Gets worse when I sit. I can sit for longer than 30 minutes at a time, but it is so painful that it			
			is difficult to do my job or sit long enough to watch a movie.			
		1	Occasionally gets worse when I sit, but most of the time sitting is comfortable.			
		0	My pain does not get worse with sitting, I can sit as long as I want to.			
		0	I have trouble sitting for very long because of another medical problem, but pelvic pain doesn't make it hard to sit.			

- Because of my pelvic pain

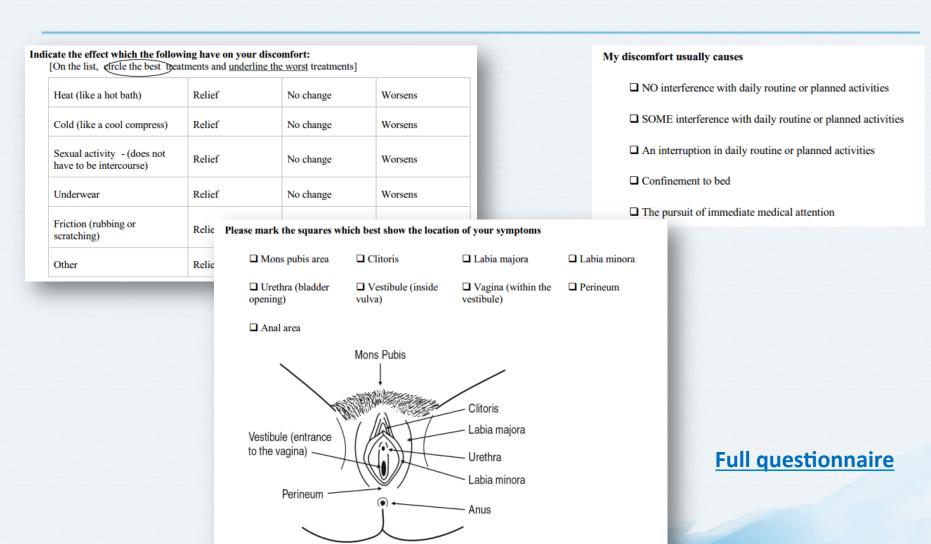
 3 I don't get together with my friends or go out to parties or events.

 1 I only get together with my friends or go out to parties or events every now and then.

 1 I usually will go out with friends or to events if I want to, but every now and then I don't because of the pain.

 1 I get together with friends or go to events whenever I want, pelvic pain does not get in the way

Vulval Pain Questionnaire



Available at: http://www.vulvalpainsociety.org/vps/images/pdf/vulval pain questionnaire final for bssvd.pdf. Accessed March 24, 2015.

Acute vs. Chronic Visceral Pain

Acute

Rapid onset
Severe/intense attacks
Rapid progression
Duration <3 months
Commonly inflammation or infection

Chronic

Duration ≥3 months Continuous non-cyclic condition

Clinical Features of Visceral Pain

Characteristic	Description	
Site	Thoracoabdominal, generally along the central axis and mainly in the low sternal and epigastric regions	
Spatial discrimination	Poorly discriminated, diffused	
Quality	Dull, heavy, oppressive, tensive	
Intensity	Slight to intolerable	
Evolution in time	Continuous, subcontinuous, undulating, accessional (colics)	
Duration	A few minutes to a few hours, after which pain stops or becomes "referred" (parietalized)	
Emotional reaction	Severe anxiety, anguish, sense of impending death	
Accompanying neurovegetative signs	Pallor, sweating, nausea, vomiting, brady- or tachycardia, pollakiuria, alvus disturbances	
Additional stimuli	Do not increase pain	

Clinical Features of Visceral Pain

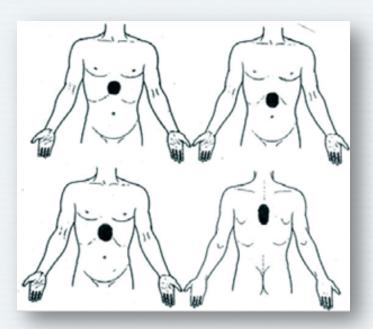
- Temporal evolution
 - Features vary in different phases of pathology¹
- Diffuse and poorly defined sensation¹
- Regardless of organ of origin, pain is usually perceived in midline at level of lower sternum or upper abdomen
- Regardless of origin, in early stages pain is perceived in this same general area²

Autonomic and Emotional Features of Visceral Pain

Autonomic symptoms

- Pallor
- Profuse sweating
- Nausea/vomiting
- Changes in heart rate and blood pressure
- Gastrointestinal disturbances (e.g., diarrhea)
- Changes in body temperature
- Strong emotional reactions commonly present
 - Anxiety
 - Anguish
 - Sometimes a sense of impending death

Clinical Features of "True Visceral Pain"



- Midline, poorly discriminated pain
- Marked neurovegetative and emotional features
- No hypersensitivity on palpation of painful area
- Intensity generally bears no relationship to extent of internal injury

Visceral pain should thus always be suspected when vague midline sensations of malaise are reported, especially in elderly patients

Visceral Pain Descriptors

- Symptoms can be complex with considerable variability in frequency and intensity
- Descriptors vary with underlying organ involved and any pathology:
 - Sharp

Stabbing

- Crampy
- Squeezing sensation
 Pressure or heaviness
- Dull aching
- Severe, steady, or intermittent; may radiate
- Patients may experience pain only at certain times, such as pain during intercourse or pain during defecation or when standing



Some patients can become temporarily incapacitated by their pain

Associated Signs and Symptoms of Visceral Pain

- Associated signs and symptoms vary with the type of visceral pain
- Not all organs are sensitive to pain

No pain when injured*

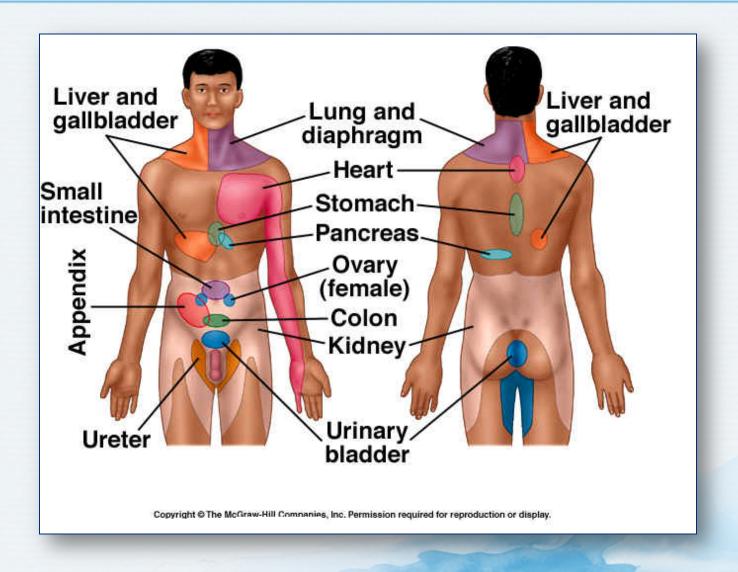
Liver Lung Kidney

Excruciating pain when injured

Stomach Bladder Ureters

There is no close relationship between the degree of organ damage and the amount/type of pain as there is when a somatic organ is injured.

Patterns of Referred Pain



Diagnosis of Visceral Pain

Visceral Pain Can Be Difficult to Diagnose

- Temporal evolution; insidious in early stages
- Diagnosis may be complicated by presence of concurrent painful conditions in >1 internal organ
- Pain intensity generally not related to extent of internal injury
- Further diagnostic issues arise as visceral pain progresses
 - Pain may be experienced at sites of body wall whose innervation enters spinal cord at same level as innervation from the involved organ
 - This is "referred pain"

Diagnosis of Visceral Pain

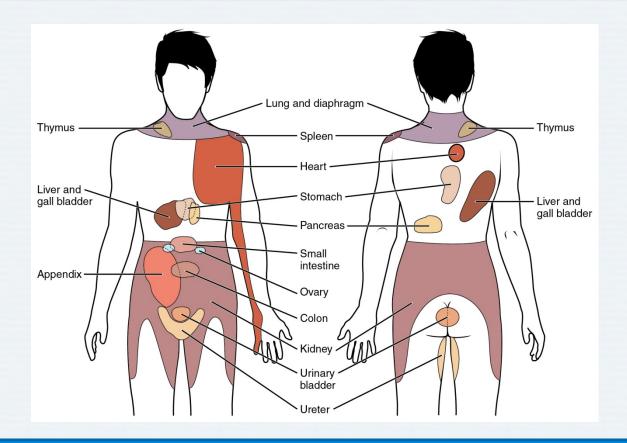
- Patients with visceral pain require careful assessment
 - Patients should be referred to specialists for investigation and treatment in the first instance
- Patients become anxious and concerned that their persistent symptoms indicate investigations have not been thorough enough
 - They believe more tests are needed
 - They believe the pathology and reason for their pain has been missed
- However, visceral pain can be difficult to diagnose...

Patient Assessment



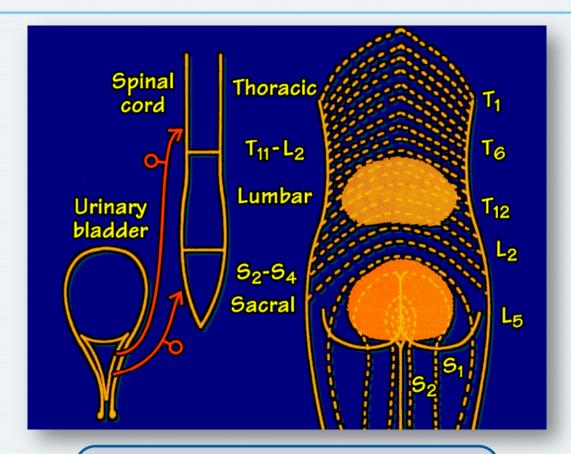
Wood S. Assessment of pain. Nursing Times.net 2008. Available at: http://www.nursingtimes.net/nursing-practice/clinical-zones/pain-management/assessment-of-pain/1861174.article. Accessed: October 7, 2013.

Referred Pain



Pain perceived at a location other than the site of the painful stimulus

Referred Visceral Pain



Poor localization of pain due to:

- 1. Projection to multiple segments
- 2. Low innervation density
- 3. Scattered spinal ramification

Characteristics of Referred Visceral Pain

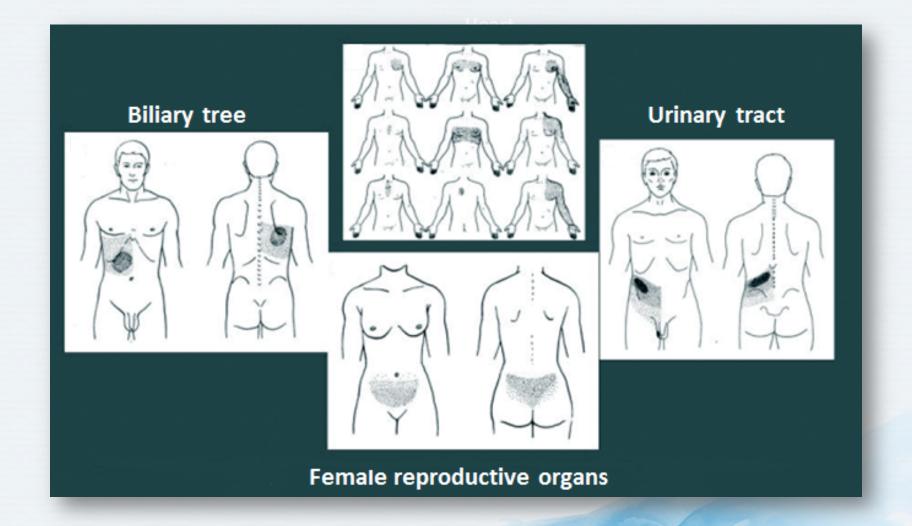
- Relative to early, diffuse visceral pain, referred visceral pain is
 - Sharper
 - Better localized



- Less likely to be accompanied by neurovegetative signs
- Less likely to be accompanied by emotional signs
- Similar in quality to pain of deep somatic origin
- May be associated with hyperalgesia of the tissues in the painful area

Referred visceral pain must be differentiated from pain of deep somatic origin

Primary Somatic Pain vs. Referred Visceral Pain



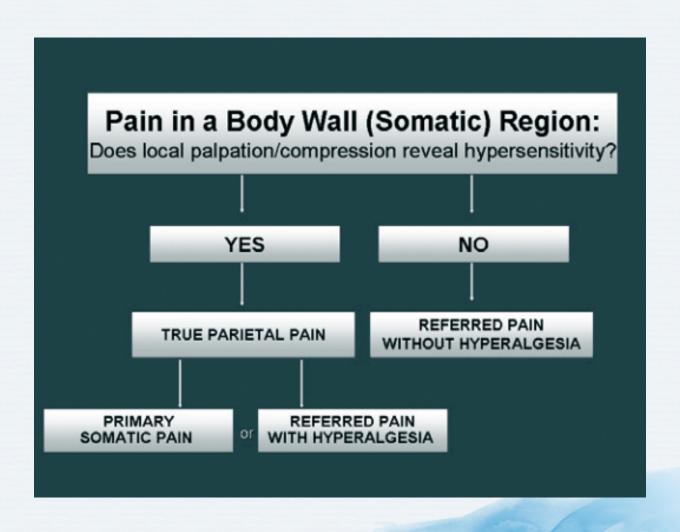
Diagnosing Referred Visceral Pain

- May be associated with hyperalgesia of tissues in the painful area = referred visceral pain with hyperalgesia
- Hyperalgesia of referred pain is usually confined to the muscle, often accompanied by sustained contraction
- May also extend superficially to cutaneous tissue and skin when underlying painful processes are repeated or long lasting

A search for hyperalgesia in the somatic region to which pain is referred must be an integral part of the initial physical diagnostic exam of a patient with suspected visceral pathology

 Absence of hypersensitivity allows symptom to be categorized as referred visceral pain without hyperalgesia

Differentiating Referred Pain without Hyperalgesia from True Parietal Pain*



Referred Visceral Pain with Hyperalgesia

- Likely due to central sensitization involving viscerosomatic convergent neurons
- Prominent because is it accentuated by repetition of visceral episodes and persists long after initiating pain has ended
- Trophic changes common
- Thickening of subcutaneous tissue
- Some degree of local muscle atrophy
- Both changes may persist long after primary visceral problem is in remission

Visceral pain can affect the somatic tissues in the referred area for months or even years

Visceral Hyperalgesia

- Very frequent in the clinical setting
- Increased sensitivity of an internal organ such that even nonpathological, normal stimuli may produce pain from that organ
- Usual due to visceral inflammation → peripheral and central sensitization
- Examples
 - Ingestion of foods/liquids when esophagus/stomach mucosa inflamed
 - Pain from normal bladder distension with inflamed lower urinary tract

Viscerovisceral Hyperalgesia

- Augmentation of pain due to sensory interaction between two different internal organs that share at least part of their afferent circuitry
- Most likely produced by sensitization processes involving viscerovisceral convergent neurons in the CNS
- Example:
 - Patients with CHD + gallbladder calculosis may experience more frequent attacks of angina and billiary colic than patients with a single condition
 - Due to partially overlapping T5 afferent pathways of heart and gallbladder

Clinical Assessment of Pain

Functional Assessment

Psychological Assessment

Medication History







Does the pain interfere with activities?

Does the patient have concomitant depression, anxiety, or mental status changes?

Does the patient have sleep disorders or a history of substance abuse/dependence? What medications have been tried in the past?

Which medications have helped?

Which medications have not helped?

Testing for Visceral Pain

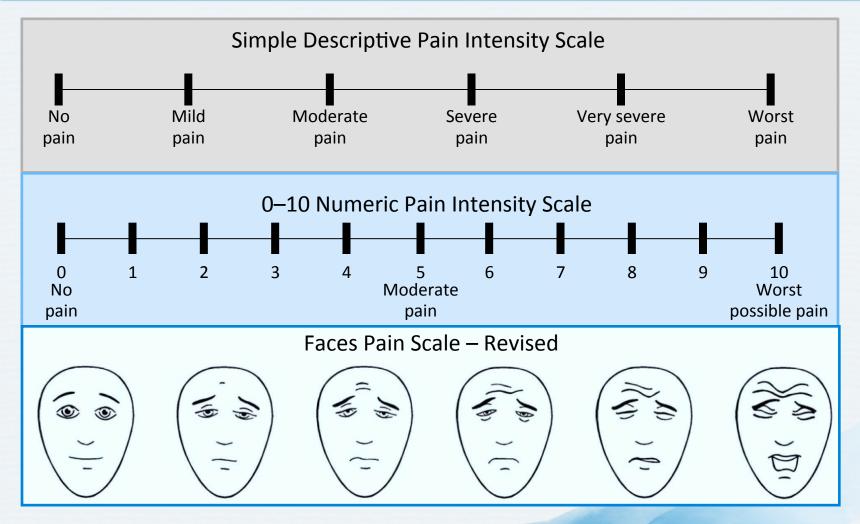
- Patient history
 Usually sufficient to determine a functional diagnosis
- Appropriate work-up may include
 - Lab tests for infectious and inflammatory processes
 - Imaging of sites not readily assessed by physical exam

Pain History Worksheet

- Site of pain¹
- What causes or worsens the pain?¹
- Intensity and character of pain¹
- Associated symptoms?¹
- Pain-related impairment in functioning? 1
- Relevant medical history¹

Patient history and physical exam are usually sufficient to determine a functional diagnosis²

Determine Pain Intensity



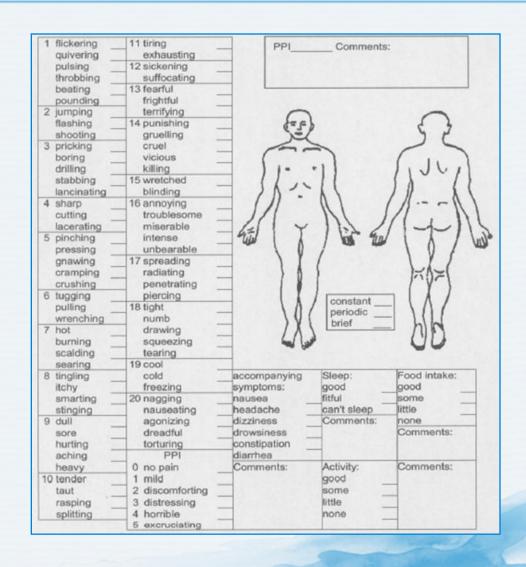
APS Questionnaire

- Measures 6 aspects of quality:
 - Pain severity and relief
 - Impact of pain on activity, sleep and negative emotions
 - Side effects of treatment
 - Helpfulness of information about pain treatment
 - Ability to participate in pain treatment decisions
 - Use of non-pharmacological strategies

Brief Pain Inventory

FORM 3.2 Brief Pain Inventory	 What treatments or medications are you receiving
Date / / Time:	for your pain?
Name:	
Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today? 1. Yes 2. No	8) In the Past 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much releif you have received 0% 10 20 30 40 50 60 70 80 90 100%
	No Complete relief relief
On the diagram shade in the areas where you feel pain. Put an X on the area that hurts the most.	Circle the one number that describes how, during the past 24 hours, pain has interfered with your: A. General activity
(E) ()	A. General activity
Right Left Left Right	0 1 2 3 4 5 6 7 8 9 10 Does not Completely interfere interferes
12-11	B. Mood
	0 1 2 3 4 5 6 7 8 9 10 Does not Completely interfere interferes
(X) (X)	C. Walking ability
TR MR	0 1 2 3 4 5 6 7 8 9 10 Does not Completely interfere interferes
Please rate your pain by circling the one number that best describes your pain at its worst in the past 24 hours.	D. Normal work (includes both work outside the home and housework
No pain as bad as pain you can imagine	0 1 2 3 4 5 6 7 8 9 10 Does not Completely interfere interferes
 Please rate your pain by circling the one number that best describes your pain at its least in the 	E. Relations with other people
past 24 hours.	CONV. NO. OH. 126. CONV. NO. 184. (1945. NO. 103. 1944.)
0 1 2 3 4 5 6 7 8 9 10 No pain as bad as you can imagine	0 1 2 3 4 5 6 7 8 9 10 Does not Completely interferes
 Please rate your pain by circling the one number that best describes your pain on the average 	F. Sleep
0 1 2 3 4 5 6 7 8 9 10 No pain as bad as you can imagine	0 1 2 3 4 5 6 7 8 9 10 Does not Completely interfere interferes
6) Please rate your pain by circling the one number	G. Enjoyment of life
that tells how much pain you have right now . 0	0 1 2 3 4 5 6 7 8 9 10 Does not Completely

McGill Pain Questionnaire



Pain Assessment: PQRST Mnemonic

- Provocative and Palliative factors
- Quality
- Region and Radiation
- Severity
- Timing, Treatment

Importance of Diagnosing and Treating Underlying Condition

- Visceral pain symptoms may herald a life-threatening underlying cause
- Examples:
 - Myocardial infarction
 - Intestinal obstruction
 - Acute pancreatitis
 - Peritonitis

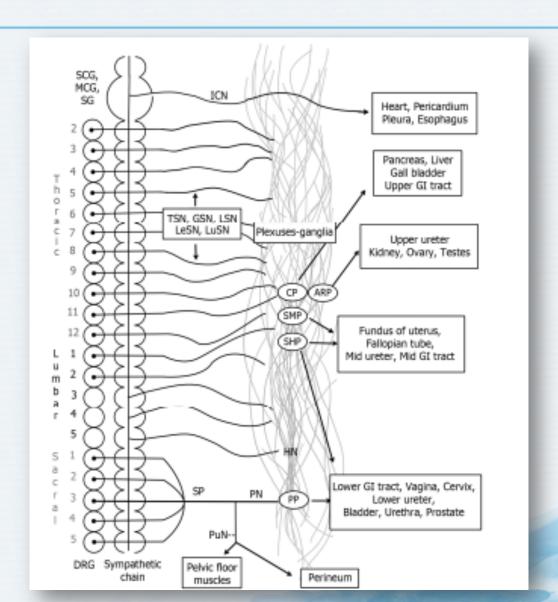
Prompt evaluation and specific diagnosis of visceral pain is mandatory

Importance of Pain Assessment

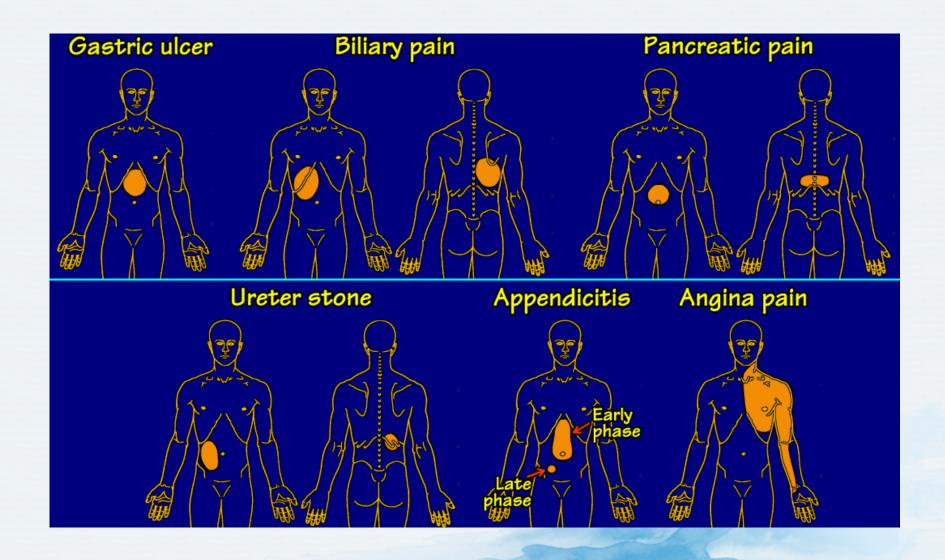
- Screen for red flags requiring immediate investigation and/or referral
- Identify underlying cause
 - Pain is better managed if the underlying causes are determined and addressed
- Recognize type of pain to help guide selection of appropriate therapies for treatment of pain
- Determine baseline pain intensity to enable future assessment of efficacy of treatment

Pain is a significant predictor of morbidity and mortality

Causes of Visceral Pain by Location



Visceral Pain



Psychogenic Pain and Visceral Pain

- Psychological morbidity is common in patients with organic or functional visceral pain
 - Unclear how much of the comorbidity is cause and how much is effect

Depression Scales

PHQ-9

	Nine-s	symptom Check	dist			
Name Date						
Over the last 2 weeks, how often have	you been bothered	l by any of		Several	More than	Nearly
the following problems?			Not at all	days	half the days	every day
1. Little interest or pleasure in doing t	hings		0	1	2	3
2. Feeling down, depressed, or hopeles	SS		0	1	2	3
3. Trouble falling or staying asleep, or	sleeping too much		0	1	2	3
4. Feeling tired or having little energy			0	1	2	3
Poor appetite or overeating			0	1	2	3
6. Feeling bad about yourself - or tha	t you are a failure o	or have let				
yourself or your family down			0	1	2	3
Trouble concentrating on things, su	ch as reading the r	newspaper				
or watching television			0	1	2	3
Moving or speaking so slowly that of Or the opposite — being so fidgety of						
moving around a lot more than usu			0	1	2	3
9. Thoughts that you would be better		ng				
yourself in some way			0	1	2	3
	(For office co	ding: Total Score	=		++)
If you checked off any problems, how a along with other people?	ifficult have these p	roblems made it for	r you to do yo	our work, ta	ke care of things at	home, or get
Not difficult at all Somew	hat difficult	Very difficul	lt		Extremely difficult	

Hospital Anxiety and Depression Scale

Α	I feel tense or 'wound up':	
	Most of the time	3
	A lot of the time	2
	From time to time (occ.)	1
	Not at all	0
D	I still enjoy the things I used to	
	enjoy:	
	Definitely as much	0
	Not quite as much	1
	Only a little	2
	Hardly at all	3
Α	I get a sort of frightened feeling as	Г
	if something awful is about to	
	happen:	
	Very definitely and quite badly	3
	Yes, but not too badly	2
	A little, but it doesn't worry me	1
	Not at all	0
D	I can laugh and see the funny side	Т
	of things:	
	As much as I always could	0
	Not quite so much now	1
	Definitely not so much now	2
	Not at all	3
Α	Worrying thoughts go through my	Ť
	mind:	
	A great deal of the time	3
	A lot of the time	2
	From time to time, but not often	1
	Only occasionally	٥
D	I feel cheerful:	Ť
_	Not at all	 3
	Not often	2
	Sometimes	1
	Most of the time	٥
A	I can sit at ease and feel relaxed:	۲
^	Definitely	٥
	Usually	1
	Not often	-
		2
	Not at all	3

D	I feel as if I am slowed down:	Т				
	Nearly all the time	3				
	Very often	2				
	Sometimes	1				
	Not at all	0				
Α	***************************************	-				
^	I get a sort of frightened feeling like "butterflies" in the stomach:					
	Not at all	0				
	Occasionally	1				
	Quite often	2				
	Very often	3				
D	I have lost interest in my	,				
	appearance:					
	Definitely	3				
	I don't take as much care as I should	2				
	I may not take quite as much care	1				
	I take just as much care	0				
Α	I feel restless as I have to be on the	-				
^	move:					
	Very much indeed	3				
	Quite a lot	2				
	Not very much	1				
	Not at all	0				
D	I look forward with enjoyment to	<u> </u>				
_	things:					
	As much as Lever did	0				
	Rather less than I used to	1				
	Definitely less than I used to	2				
	Hardly at all	3				
Α	I get sudden feelings of panic:	Ť				
•	Very often indeed	3				
	Quite often	2				
	Not very often	1				
	Not at all	0				
D	I can enjoy a good book or radio/TV	1				
_	program:					
	Often	0				
	Sometimes	1				
		1				
	Not often	2				

Hamilton Depression Rating Scale (HAM-D)

1. Depressed Mood

(sadness, hopeless, helpless, worthless)

- Absent
- These feeling states indicated only on questioning
- These feeling states spontaneously reporte
- Communicates feeling states nonverbally, i. expression, posture, voice and tendency to
- Patient reports VIRTUALLY ONLY these fe spontaneous verbal and nonverbal commun

2. Feelings of Guilt

- Absent
- Self-reproach, feels he has let people down
- 2 Ideas of guilt or rumination over past errors
- Present illness is a punishment. Delusions
- Hears accusatory or denunciatory voices a threatening visual hallucinations

Suicide

- 0 Absent
- Feels life is not worth living
- 2 Wishes he were dead or any thoughts of po
- Suicide ideas or gesture
- Attempts at suicide (any serious attempt ra

Insomnia - Early

- No difficulty falling asleep
- Complains of occasional difficulty falling asl
- Complains of nightly difficulty falling asleep

Insomnia - Middle

- 0 No difficulty
- 1 Patient complains of being restless and dist
- Waking during the night any getting out of (except for purposes of voiding)

Insomnia - Late

- No difficulty
- Waking in early hours of the morning but go
- 2 Unable to fall asleep again if gets out of bed

9. Agitation

- "Playing with" hand, hair, etc.
- Hand-wringing, nail-biting, biting of lips

10. Anxiety - Psychic

- No difficulty
- Subjective tension and irritability
- Worrying about minor matters
- Apprehensive attitude apparent in face or speech
- Fears expressed without questioning

11. Anxiety - Somatic

0	Absent	Physiological concomitants of anxiety such as:
1	Mild	Gastrointestinal - dry mouth, wind, indigestion,
2	Moderate	diarrhea, cramps, belching
2	Savara	Cardiovascular - palnitations, beadaches

Cardiovascular – palpitations, headaches

Incapacitating Respiratory - hyperventilation, sighing Urinary frequency

Sweating

12. Somatic Symptoms - Gastrointestinal

- - Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
- Difficulty eating without staff urging. Requests or requires laxatives or medications for bowels or medication for G.I. symptoms.

13. Somatic Symptoms - General

- None
- Heaviness in limbs, back or head, backaches, headache, muscle aches, loss of energy and fatigability
- Any clear-cut symptom rates 2

14. Genital Symptoms

Severe

- Absent Not ascertained
- Mild Symptoms such as: loss of libido, menstrual disturbances

Montgomery-Åsberg Depression Rating Scale

1. Apparent Sadness

Representing despondency, gloom and despair (more than just ordinary transient low spirits) reflected in speech, facial expression, and posture. Rate by depth and inability to brighten up.

- 0 No sadness.
- 2 Looks dispirited but does brighten up without difficulty.
- 4 Appears sad and unhappy most of the time.
- 6 Looks miserable all the time. Extremely despondent.

2. Reported Sadness

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope.

- 0 Occasional sadness in keeping with the circumstances.
- 2 Sad or low but brightens up without difficulty.
- Pervasive feelings of sadness or gloominess. The mood is still int circumstances.
- 6 Continuous or unvarying sadness, misery or despondency.

3. Inner Tension

Representing feelings of ill-defined discomfort, edginess, inner turn mounting to either panic, dread or anguish. Rate according to intensity, and the extent of reassurance called for.

- 0 Placid. Only fleeting inner tension.
- 2 Occasional feelings of edginess and ill-defined discomfort.
- 4 Continuous feelings of inner tension or intermittent panic which t master with some difficulty.
- 6 Unrelenting dread or anguish. Overwhelming panic.

8. Inability to Feel

Representing the subjective experience of reduced interest in the surroundings or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

- Normal interest in the surroundings and in other people.
- 2 Reduced ability to enjoy usual interests.
- 4 Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.
- 6 The experience of being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends.

9. Pessimistic Thoughts

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse, and ruin.

- No pessimistic thoughts.
- 2 Fluctuating ideas of failure, self-reproach or self-depreciation.
- 4 Persistent self-accusations or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future.
- 6 Delusions of ruin, remorse or irredeemable sin. Self-accusations which are absurd and unshakable.

10. Suicidal Thoughts

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.

- Enjoys life or takes it as it comes.
- 2 Weary of life. Only fleeting suicidal thoughts.
- 4 Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intentions.
- 6 Explicit plans for suicide when there is an opportunity. Active preparations for suicide.

Beck Depression Inventory

Beck's Depression Inventory This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire. I do not feel sad I feel sad I am sad all the time and I can't snap out of it. I am so sad and unhappy that I can't stand it. I am not particularly discouraged about the future. I am no more irritated by things than I ever was. I feel discouraged about the future. I am slightly more irritated now than usual. I feel I have nothing to look forward to. I am quite annoyed or irritated a good deal of the time. I feel the future is hopeless and that things cannot improve. I feel irritated all the time. 12. I do not feel like a failure. I have not lost interest in other people. I feel I have failed more than the average person. I am less interested in other people than I used to be. As I look back on my life, all I can see is a lot of failures. I have lost most of my interest in other people. I feel I am a complete failure as a person. I have lost all of my interest in other people. I get as much satisfaction out of things as I used to. I make decisions about as well as I ever could. I don't enjoy things the way I used to. I put off making decisions more than I used to. I don't get real satisfaction out of anything anymore. I have greater difficulty in making decisions more than I used to. I am dissatisfied or bored with everything. I can't make decisions at all anymore. I don't feel particularly guilty I don't feel that I look any worse than I used to. I feel guilty a good part of the time. I am worried that I am looking old or unattractive. I feel quite guilty most of the time. I feel there are permanent changes in my appearance that make me look I feel guilty all of the time. I believe that I look ugly. I don't feel I am being punished. I feel I may be punished. I can work about as well as before. I expect to be punished. It takes an extra effort to get started at doing something. I feel I am being punished. I have to push myself very hard to do anything. I can't do any work at all. I don't feel disappointed in myself. I am disappointed in myself. I can sleep as well as usual. I am disgusted with myself. I don't sleep as well as I used to. I hate myself. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. I wake up several hours earlier than I used to and cannot get back to sleep. I don't feel I am any worse than anybody else. I am critical of myself for my weaknesses or mistakes. I blame myself all the time for my faults. I don't get more tired than usual. I blame myself for everything bad that happens. I get tired more easily than I used to. I get tired from doing almost anything. I don't have any thoughts of killing myself. I have thoughts of killing myself, but I would not carry thei I am too tired to do anything. I am no more worried about my health than usual. I would like to kill myself. I am worried about physical problems like aches, pains, upset stomach, or My appetite is no worse than usual. I would kill myself if I had the chance. My appetite is not as good as it used to be. I am very worried about physical problems and it's hard to think of much else. My appetite is much worse now. I don't cry any more than usual. I am so worried about my physical problems that I cannot think of anything else. I have no appetite at all anymore. I cry more now than I used to. 21. I cry all the time now. I have not noticed any recent change in my interest in sex. I haven't lost much weight, if any, lately. I used to be able to cry, but now I can't cry even though I w Lam less interested in sex than Lused to be. I have lost more than five pounds. I have almost no interest in sex. I have lost more than ten pounds. I have lost interest in sex completely. I have lost more than fifteen pounds.

Anxiety Scales

Beck Anxiety Inventory

	Not At All	Mildly but it	Moderately - it	Severely – it
		didn't bother me	wasn't pleasant at	bothered me a lot
		much.	times	
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst	0	1	2	3
happening				
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

Scoring - Sum each column. Then sum the column totals to achieve a grand score. Write that score here

Hamilton Anxiety Rating Scale (HAM-A)

0 =	Not present,	I = Mild,	2 = Moderate,	3 = Severe,	4 = Very severe.
ı	Anxious mood	0 1 2 3	4 8	Somatic (sensory)	0 1 2 3 4
Wo	orries, anticipation of the w	orst, fearful anticipation, i		nitus, blurring of vision, hot and king sensation.	cold flushes, feelings of weakness,
2	Tension	0 1 2 3	4	_	
Fee	lings of tension, fatigability,	startle response, moved t	to tears	Cardiovascular symptoms	0 1 2 3 4
eas	ily, trembling, feelings of re	stlessness, inability to rela		hycardia, palpitations, pain in che ings, missing beat.	est, throbbing of vessels, fainting
3	Fears	0 1 2 3	4		
Of	dark, of strangers, of being	left alone, of animals, of t	raffic, of	Respiratory symptoms	0 1 2 3 4
	wds.			ssure or constriction in chest, cl	hoking feelings, sighing, dyspnea.
4	Insomnia	0 1 2 3	4	Gastrointestinal symptom	s 0 1 2 3 4
	ficulty in falling asleep, brok waking, dreams, nightmares		abd	iculty in swallowing, wind abdon ominal fullness, nausea, vomiting vels, loss of weight, constipation.	, borborygmi, looseness of
5	Intellectual	0 1 2 3	_		
Diff	ficulty in concentration, poo	or memory.	12	Genitourinary symptoms	0 1 2 3 4
6	Depressed mood	o [1] [2] [3]		quency of micturition, urgency o norrhagia, development of frigidi	of micturition, amenorrhea, ty, premature ejaculation, loss of
Los	s of interest, lack of pleasu	re in hobbies, depression.	early waking.	do, impotence.	
	rnal swing.		, ,	Autonomic compto	គេ បា គេ គេ គេ
	•			Autonomic symptoms	0 1 2 3 4
7	Somatic (muscular)	0 1 2 3	_ ,	mouth, flushing, pallor, tendence	y to sweat, giddiness, tension
Pair	ns and aches, twitching, stiff	fness, myoclonic jerks, grir	nding of hea	dache, raising of hair.	
tee	th, unsteady voice, increase	d muscular tone.	14	Behavior at interview	0 1 2 3 4
			stra	eting, restlessness or pacing, tre ined face, sighing or rapid respir	
			etc.		

Hospital Anxiety and Depression Scale - Anxiety

Question	Frequency	Score
I feel tense or "wound up"	Most of the time A lot of the time Occasionally Not at all	3 2 1 0
I get a sort of frightened feeling as if something awful is about to happen	Very definitely and quite badly Yes, but not too badly A little, but it doesn't worry me Not at all	3 2 1 0
Worrying thoughts go through my mind	A great deal of the time A lot of the time From time to time, but not often Only occasionally	3 2 1 0
I can sit at ease and feel relaxed	Definitely Usually Not often Not at all	0 1 2 3
I get a sort of frightened feeling like "butterflies" in the stomach	Not at all Occasionally Quite often Very often	0 1 2 3
I feel restless as I have to be on the move	Very much indeed Quite a lot Not very much Not at all	3 2 1 0
I get sudden feelings of panic	Very often indeed Quite often Not very often Not often at all	3 2 1 0

Pain Disability Scale

Pain Disability Index

Family/Home Responsibilities : This category refers to activities of the home or family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members (e.g. driving the children to school). No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability
Recreation: This disability includes hobbies, sports, and other similar leisure time activities. No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability
Social Activity : This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions. No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability
Occupation: This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer. No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability
Sexual Behavior: This category refers to the frequency and quality of one's sex life. No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability
Self Care : This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed, etc.) No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability
Life-Support Activities : This category refers to basic life supporting behaviors such as eating, sleeping and breathing. No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

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