

**STEP 1: SCREENING FOR CHRONIC PAIN**

Resident Name: \_\_\_\_\_ Staff Interviewer: \_\_\_\_\_

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

**Check Response**

**DK=Don't Know NR=No Response or Nonsense Response REF=Refusal to answer question**

**Interviewer:** *"I want to ask you some questions about pain."*

1. *Do you have pain anywhere right now?* \_\_\_\_\_ Yes \_\_\_ No \_\_\_ NR/DK/REF

1a. **IF YES**, ask: *"On a scale of 1 to 10 with 0 meaning no pain and 10 being the worse pain you can imagine, how much pain are you having now?"* \_\_\_\_\_

2. *Does pain ever keep you from doing things you enjoy (e.g., social activities, walking, going to dining room for meals, knitting, bingo, going outside)?* \_\_\_\_\_ Yes \_\_\_ No \_\_\_ DK/NR/REF

3. *Does pain ever keep you from sleeping at night?* \_\_\_\_\_ Yes \_\_\_ No \_\_\_ DK/NR/REF

4. *Do you have pain every day?* \_\_\_\_\_ Yes \_\_\_ No \_\_\_ DK/NR/REF

5. *Would you like/prefer to take medication (pill, drug) for your pain?* \_\_\_\_\_ Yes \_\_\_ No \_\_\_ DK/NR/REF

**PROBABLE CHRONIC PAIN** (3 or more "yes" responses or "yes" to question 4): \_\_\_\_\_ Yes \_\_\_ No

The presence of probable chronic pain is determined based on the resident's responses to questions 1 – 4. Probable chronic pain is present if the resident responds "yes" to 3 or more of the first four questions OR in response to question 4 alone (residents reports that he/she experiences pain daily). Presence or absence of probable chronic pain cannot be determined if ALL 4 questions have DK/NR/REF answers. Question 5 is related to a resident's pain treatment preferences and is not included in scoring.

**Interview outcome (check one):**

Complete \_\_\_\_\_  
Could not be scored due to DK/NR/REF \_\_\_\_\_