

## ADOLESCENT REFERRAL QUESTIONNAIRE

**Your name**

**Today's date**

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

### Section 1 – Your pain

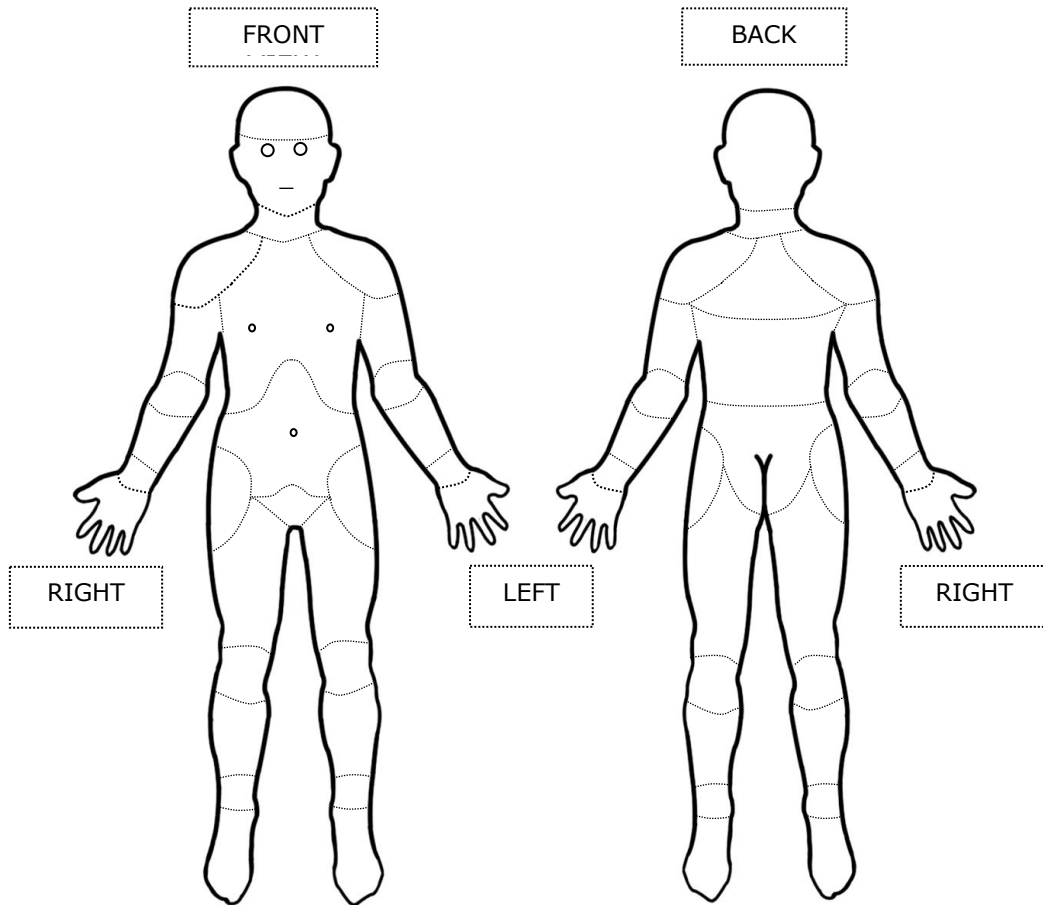
**Which statement best describes your pain?** (*tick **one** box only*)

- Always present (always the same intensity)
- Always present (intensity varies)
- Often present (pain free periods last less than 6 hours)
- Occasionally present (pain occurs once to several times per day, lasting up to an hour)
- Rarely present (pain occurs every few days or weeks)

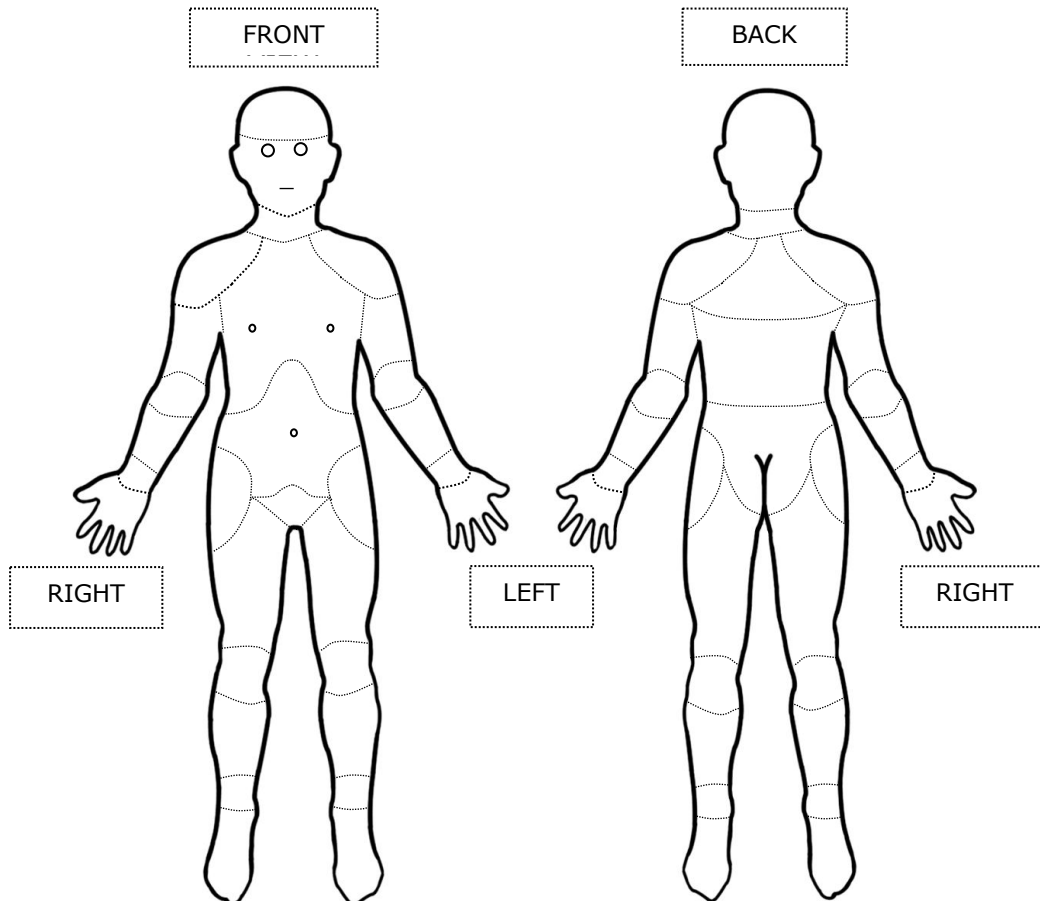
**Please rate your pain by circling the ONE number that best describes the following:**

1. Your <b>worst</b> pain in the last week?	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine
2. Your <b>least</b> pain in the last week?	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine
3. Your <b>usual</b> pain in the last week?	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine
4. How much pain do you have <b>right now?</b>	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine

**On the diagram below, shade in ALL the areas where you feel pain**



**On the diagram below, put an X on the ONE area that hurts most**



## Section 2 – BAPQ5

There are many possible ways that pain can affect the lives of young people. Below are some statements that may or may not apply to you. Please read each statement and put a cross in the box (x) under the word that describes how often you have experienced each of these things in the **LAST TWO WEEKS**. Please make sure that you answer all questions.

Please tell us about any specific worries or concerns you have about your pain.

	Never	Hardly ever	Sometimes	Often	Always
1. I worry about my pain problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I avoid activities that cause pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I think about my pain, it makes me upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pain scares me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I worry that I will do something to make my pain worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I have pain, I think something harmful is happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am afraid to move due to pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page

### Section 3 – FDI

When people are sick or not feeling well it is sometimes difficult for them to do their regular activities.

In the **past two weeks**, would you have had **any physical trouble or difficulty doing these activities?**

	No trouble	A little trouble	Some trouble	A lot of trouble	Impossible
1. Walking to the bathroom	0	1	2	3	4
2. Walking up stairs	0	1	2	3	4
3. Doing something with a friend (for example, playing a game)	0	1	2	3	4
4. Doing chores at home	0	1	2	3	4
5. Eating regular meals	0	1	2	3	4
6. Being up all day without a nap or rest	0	1	2	3	4
7. Riding the school bus or travelling in the car	0	1	2	3	4
<b><i>Remember, you are being asked about difficulty due to physical health</i></b>					
8. Being at school all day	0	1	2	3	4
9. Doing activities in gym class (or playing sports)	0	1	2	3	4
10. Reading or doing homework	0	1	2	3	4
11. Watching TV	0	1	2	3	4
12. Walking the length of a football field	0	1	2	3	4
13. Running the length of a football field	0	1	2	3	4
14. Going shopping	0	1	2	3	4
15. Getting to sleep at night and staying asleep	0	1	2	3	4

## Section 4 – Your Work

**Are you currently employed (working for pay)?**

- Yes - If yes, are you:
- Working full-time
  - Working part-time/casually

Please answer the questions below



- No - If no, are you:  
(tick **one** only, then go straight to the next page)
- Unable to work due to a condition other than pain
  - Unable to work due to pain
  - Not working by choice
  - Seeking employment (I consider myself able to work but cannot find a job)
  - Too young to work

**During the past seven days, how many hours did you miss from work because of problems associated with your pain?**

(Include hours you missed on sick days, times you went in late, left early, etc. because of your pain. *Do not include time you missed to attend this pain clinic*). ..... hours

**During the past seven days, how many hours did you actually work?** (If '0' skip the next question and go to the next page) ..... hours

**During the past seven days, how much did your pain affect your productivity while you were working?**

Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual.

If pain affected your work only a little, choose a low number.  
Choose a high number if pain affected your work a great deal.

Consider only how much pain affected productivity while you were working

Pain had no effect on my work      0    1    2    3    4    5    6    7    8    9    10      Pain completely prevented me from working

CIRCLE A NUMBER

### **Acknowledgements**

We acknowledge use of the following questions and assessment tools:

- Pain Chart: Childhood Arthritis and Rheumatology Research Alliance, [www.carragroup.org](http://www.carragroup.org) von Baeyer CL et al, Pain Management, 2011;1(1):61-68
- Modified Brief Pain Inventory questions, reproduced with acknowledgement of the Pain Research Group, the University of Texas MD Anderson Cancer Centre
- Bath Adolescent Pain Questionnaire, Bath Centre for Pain Research
- Functional Disability Inventory (FDI), Walker and Greene Journal of Pediatric Psychology, 1991;16(1):39-58
- Work productivity questions from the Work Productivity and Activity Impairment Questionnaire, Reilly MC, Zbrozek AS & Dukes EM (1993)
- PedsQL, Copyright© 1998 JW Varni, Ph.D