HAD Scale

Name Date

read each item and place a firm tick in the box oppostie the reply that comes closest to **how you have** been feeling in the past week

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thoughout response.

Tick only one box in each section

I feel tense or "wound up" Most of the time	3 2 1 0	I feel as if I am slowed down: Nearly all the time Very Often Sometime Not at all	D 3 2 1 0
I still enjoy the things I used to enjoy Definitely as much Not quite so much Only a little Hardly 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 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 not too badly	3 2 1 0	I have lost interest in my appearance Definitely I don't take so much care as I should I may not take quite so much care I take just as much care as ever	D 3 2 1
I can laugh and see the funny side of things: As much as I always could Not quite so much now Definitely not so much now Not at all	D 0 1 2 3	I fell restless as if I have to be on the move Very much indeed Quite often Not very much Not at all	3 2 1 0
Worrying thoughts go through my min A great deal of the time A lot of the time From time to time but not too often Only Occasionally	d A 3 2 1 0	I look forward with enjoyment to things: As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all	D 0 1 2 3
I feel cheerful Not at all Not oftensometimes Most of the time	D 3 2 1 0	I get sudden feelings of panic Very often indeed Quite often Not very often Not at all	3 2 1 0
I can sit at ease and feel relaxed Definitely Usually Not often Not at all	0 1 2 3	I can enjoy a good book or radio or TV programme Often Sometimes Not often Very Seldom	0 1 2 3

Date BRIEF PAIN INVENTORY

NEW PATIENT

Please circle your response or ask for help if you are having problems.

1	Please rate the past we		by circli	ng the on	e numbe	r that bes	st describe	es your p	ain at its	WORST	in
	NO PAIN	1	2	3	4	5	6	7 PAIN AS B	8 AD AS YOU	9 J CAN HW	10 GINE
2	Please rate the past we		by circli	ng the on	e numbe	r that bes	st describe	es your p	ain at its	LEAST i	n
	NO PAIN	1	2	3	4	5	6	7 PAIN AS B	8 AD AS YOU	9 J CAN IM	10 AGINE
3	Please rate	your pain	by circli	ng the on	e numbe	r that be	st describe	es your p	ain on th	e AVER	AGE
	0 NO PAIN	1	2	3	4	5	6	7 PAIN AS B	8 AD AS YO	9 U CAN IM	10 AGINE
4	Please rate	your pain	by circli	ng the or	ne numbe	r that tell	s how mu	ch pain y	ou have	RIGHT I	WON
	0 NO PAIN	1	2	3	4	5	6	7 PAIN AS E	8 IAD AS YO	9 U CAN IM	10 AGINE
5	Circle the o	one numbe	er that de	scribes h	now durin	g the pas	st week, P	AIN HAS	INTERF	ERED v	vith
	A. General 0 DOES NOT I	1	2	3	4	5	6	7 C	8 OMPLETE	9 LY INTERI	10 FERES
	B. Mood 0	1 NTERFERE	2	3	4	5	6	7 C	8 OMPLETE	9 LY INTER	10 FERES
	C. Walkin 0 DOES NOT I	g ability 1	2	3	4	5	6	7	8 OMPLETE	9 LY INTER	10 FERES
	D. Norma			work bot 3	h outsid 4	e the ho	me and h	- Annual Control		9	10
	DOES NOT	NTERFERE						C	OMPLETE	LY INTER	FERES
	DOES NOT I	1	2	3	4	5	6	7	8 OMPLETE	9 LY INTER	10 FERES
	F. Sleep 0 DOES NOT I	1 NTERFERE	2	3	4	5	6	7	8 COMPLETE	9 LY INTER	10 FERES
	G. Enjoyr 0 DOES NOT I	1	2	3	4	5	6	7	8 COMPLETE	9	10 FERES
	SOLD HOLE		100				-				

BRIEF PAIN INVENTORY

Please circle your response or ask for help if you are having problems.

1	How much RELIEF have pain treatments or medications FROM THIS CLINIC provided? Please circle the one percentage that shows how much.										
	100% COMPLETE	90% RELIEF	80%	70%	60%	50%	40%	30%	20%	10% NO RELI	0% EF
2	Please rate the past we		in by circ	ling the c	ne numb	er that b	est descr	ibes you	⁻ pain at i	ts WORS	T in
	0 NO PAIN	1	2	3	4	5	6	PAIN AS	8 BAD AS Y	9 OU CAN IM	10 AGINE
3	Please rate the past we		in by circ	ling the c	ne numb	er that b	est descr	ibes you	r pain at i	ts LEAST	in
	0 NO PAIN	1	2	3	4	5	6	7 PAIN AS	8 BAD AS Y	9 OU CAN IN	10 IAGINE
4	Please rate	e your pa	in by circ	ling the c	ne numb	er that b	est descr	ibes you	r pain on	the AVER	AGE
	0 NO PAIN	1	2	3	4	5	6	7 PAIN AS	8 BAD AS Y	9 OU CAN IN	10 IAGINE
5	Please rate	e your pa	in by circ	ling the c	ne numb	er that te	ells how r	nuch pair	n you hav	e RIGHT	NOW
	0 NO PAIN	1	2	3	4	5	6	7 PAIN AS	8 BAD AS Y	9 OU CAN IN	10 IAGINE
6	Circle the o	one numl	ber that d	escribes	how dur	ing the pa	ast week,	PAIN H	AS INTER	RFERED	with
	A. Genera	I activity	, 2	3	4	5	6	7	8	9	10
	DOES NOT I	NTERFER		J	•	· ·				ELY INTER	
	B. Mood 0	1	2	3	4	5	6	7	8	9	10
	C. Walkin								COMPLET	ELY INTER	FERES
	0	1	2	3	4	5	6	7	8	9	10
	DOES NOT INTERFERE COMPLETELY INTERFERES D. Normal work (includes work both outside the home and housework										
	D. Norma	ıı work (ı 1	nciudes 2	work bo 3	tn outsi 4	ae the no 5	ome and 6	Tiousew	8 8	9	10
	DOES NOT I	NTERFER	E						COMPLET	ELY INTER	FERES
	E. Relatio	nships v	with othe 2	r people 3	4	5	6	7	8	9	10
	DOES NOT INTERFERE COMPLETELY INTERFERES										
	F. Sleep	4	•	•		_	•	~	•	0	
	DOES NOT I	1	2	3	4	5	6	7	8	9	4.0
	The state of the s	NIEKFER	E			Ū			COMPLET	ELY INTER	10 FERES
	G. Enjoyr		ife						COMPLET	ELY INTER	FERES
	G. Enjoyr 0 DOES NOT I	ment of I	ife 2	3	4	5	6	7	8	9 TELY INTER	FERES