**DALLAS PAIN QUESTIONNAIRE**

**Objectives:**
The Dallas Pain Questionnaire (DPQ), which is a 16-item visual analog tool was developed by Lawlis, McCoy, and Selby (appendix) for the purpose of evaluating subject’s cognitions about the percentage that chronic pain affects four aspects of the patients’ lives: 1) daily activities including pain and intensity, personal care, lifting, walking, sitting, standing, and sleeping; 2) work and leisure activities including social life, travelling, and vocational; 3) anxiety-depression and 4) social interest that includes interpersonal relationship, social support, and punishing responses.

**Target population:** Patients with low back pain

**Method of use:**
Each item contains its own visual analog scale. The scales are divided into five to eight small segments in which the subject is asked to mark an “X” which indicates where his or her pain impact falls on that continuum. The visual scales are anchored at the beginning with words such as “no pain” or “no influence of pain” and 0%, close to the middle “some,” and at the end with “all the time” and 100% impact of pain. Similar words are used according to the item’s information. One of the advantages of this time-efficient assessment and scoring procedure is that the DPQ’s 16-item visual analog scale can be answered in 3 to 5 minutes, and it can be scored in 50 to 60 seconds or less.

It has been the authors’ experiences that patients tend to note their pain perceptions in extreme ends of the continuum, either “none” or “terrible”. For this reason, each continuum was anchored with segmented lines to better graduate pain levels. Also, using previous pilot studies, differential weighting of each segment accounted for variances of total scores; therefore, by applying different numbers of segments with respect to high predicting variables, the scoring could be done without complicating the process by multiplying each segment before summing. For example, “lifting interference” was weighted slightly more than “sleeping interference”, and hence was segmented into six rather than five scoring weights.

Scoring of the four general factors is accomplished by assigning values for each item of 0 to the left-hand segment, 1 to the next segment, 2 to the next segment, and so on to the last segment. These individual ratings are summed and multiplied by a constant for a percentage of pain impact for that general area of life events. Items I through VII are summed and multiplied by 3 to obtain the percentage of pain impact on Daily Activities. Items VIII through X, XI through XIII, and XIV through XVI are each summed and multiplied by 5 to determine pain impacts for areas of Work/Leisure, Anxiety/Depression, and Social Activities, respectively. These overall percentages are graphed for a profile summary. These features were determined by pilot factor analyses and literature findings.

**Validated languages:** English, French

**References:**

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Name_______________________

Date______________ Date of Injury______________

Please read: This questionnaire has been designed to give your health care provider information as to how your pain affects your daily activities. Be sure that these are your answers. Do not ask someone else to complete this questionnaire for you. Please mark an “X” along the line that expresses your thoughts from 0-100 in each section.

Section I: Pain and Intensity
To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?

None         Some       All the time
0%(_____:_____:_____:_____:_____:_____)100%

Section II: Personal Care
How much does pain interfere with your personal care (getting out of bed, teeth brushing, dressing, etc)?

None(no pain)         Some      I can’t get out of bed
0%(_____:_____:_____:_____:_____:_____)100%

Section III: Lifting
How much limitation do you notice in lifting?

None          Some        I can’t lift anything
0%(_____:_____:_____:_____:_____:_____)100%

Section IV: Walking
Compared to how far you could walk before your injury or back trouble, how much does pain restrict walking now?

The same  Almost the same   Very little   I cannot walk
0%(_____:_____:_____:_____:_____:_____)100%

Section V: Sitting
Back pain limits my sitting in a chair to:

None          Some       I can’t sit at all
0%(_____:_____:_____:_____:_____:_____)100%

Section VI: Standing
How much does pain interfere with your tolerance to stand for long periods?

None(same as before) Some       I can’t stand
0%(_____:_____:_____:_____:_____:_____)100%

Section VII: Sleeping
How much does pain interfere with your sleeping?

None(same as before) Some       I can’t sleep at all
0%(_____:_____:_____:_____:_____:_____)100%

Section VIII: Social Life
How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc)?

None          Some       No activities
0%(_____:_____:_____:_____:_____:_____)100%

Section IX: Traveling
How much does pain interfere with traveling in a car?

None          Some       I can’t travel
0%(_____:_____:_____:_____:_____:_____)100%

Section X: Vocational
How much does pain interfere with your job?

None          Some       I can’t work
0%(_____:_____:_____:_____:_____:_____)100%

Section XI: Anxiety/Mood
How much control do you feel that you have over demands made on you?

Total (no change)        Some
None
0%(_____:_____:_____:_____:_____:_____:_____)100%

Section XII: Emotional Control
How much control do you feel you have over your emotions?

Total (no change)        Some
None
0%(_____:_____:_____:_____:_____:_____:_____)100%

Section XIII: Depression
How depressed have you been since the onset of pain?

Not depressed               Overwhelmed by significantly depression
0%(_____:_____:_____:_____:_____:_____:_____)100%

Section XIV: Interpersonal Relationships
How much do you think your pain has changed your relationships with others?

Not changed               Drastically changed
0%(_____:_____:_____:_____:_____:_____:_____)100%

Section XV: Social Support
How much support do you need from others to help you during this onset of pain (taking over chores, meals, etc)?

None needed               All the time
0%(_____:_____:_____:_____:_____:_____:_____)100%

Section XVI: Punishing Response
How much do you think others express irritation, frustration or anger toward you because of your pain?

None          Some       All the time
0%(_____:_____:_____:_____:_____:_____:_____)100%

I-VIIx3=_______ VIII-Xx5=_______ XI-XIIIx5=_______ XIV-XVIx5=_______