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PRE-CONSULT QUESTIONNAIRE

Please bring all your medications (not just a list) to your consultation.

Family Physician:

Location:

Referring Physician:

Location:

Patient Name:

Age:

Sex:

Height:

Weight:

Marital Status:

Children:

Income Support: Employment OW Retirement Disability WSIB Insurance

Profession:

Living Arrangement:

Drug Coverage:

ODB: Disability Senior Trillium OW OHIP+

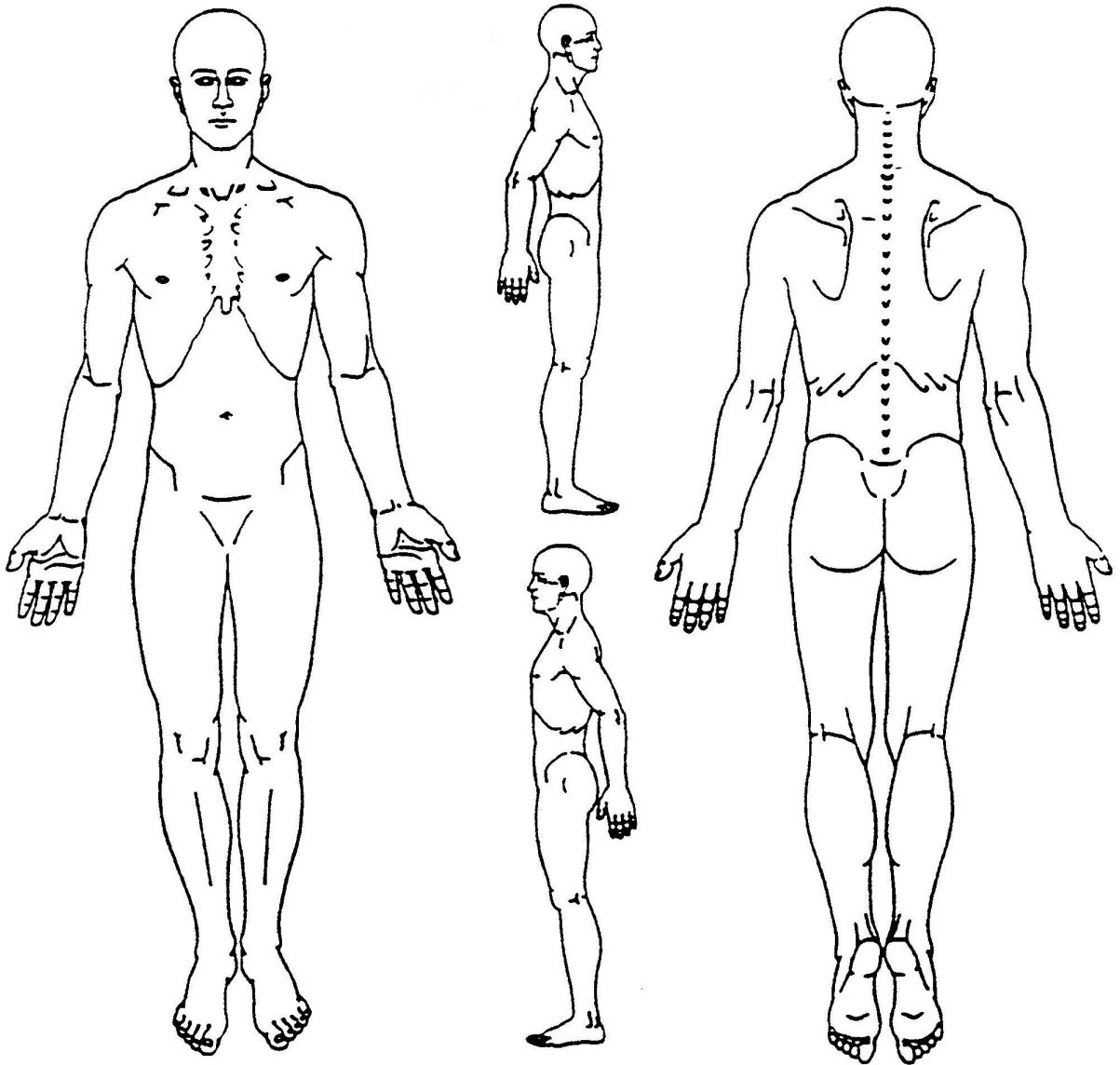
WSIB:

Private:

Allergies:

Pain Diagrams

Shade in the areas where you feel pain and put an 'X' on the area that hurts the most:



Fibromyalgia Rapid Screening Tool

If you have previously been formally diagnosed with fibromyalgia, do not complete this section.

Criteria	Yes	No
I have pain all over my body		
My pain is accompanied by a continuous and very unpleasant general fatigue		
My pain feels like burns, electric shocks, or cramps		
My pain is accompanied by other unusual sensations throughout my body such as pins and needles, tingling, or numbness		
My pain is accompanied by digestive or urinary problems, headaches, or restless legs		
My pain has a significant impact on my life, particularly on my sleep and ability to concentrate, making me feel slower generally		

Perrot, S., Bouhassira, D. & Fermanian, J. Development and Validation of the Fibromyalgia Rapid Screening Tool (FiRST). Pain. 2010 August; 150(2):250-6.

Pain & Interference Screening Tool

1. What number best describes your pain on average in the past week?

0	1	2	3	4	5	6	7	8	9	10	
No pain											Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0	1	2	3	4	5	6	7	8	9	10	
Does not interfere											Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0	1	2	3	4	5	6	7	8	9	10	
Does not interfere											Completely interferes

Krebs, E. E., Lorenz, K. A., Blair, M. J., et al. (2009). Development and Initial Validation of the PEG, a Three-Item Scale Assessing Pain Intensity and Interference. Journal of General Internal Medicine, 24:733-738.

Lawton-Brody Instrumental Activities of Daily Living Scale

For each category, circle the item description that most closely resembles your highest functional level:

A. Phone use

1. I look up and dial numbers on my own (1)
2. I dial a few well-known numbers only (1)
3. I answer the phone but never dial (1)
4. I do not use the phone at all (0)

B. Shopping

1. I take care of all shopping needs independently (1)
2. I shop independently for small purchases only (0)
3. I need to be accompanied on any shopping trip (0)
4. I am completely incapable of shopping (0)

C. Food preparation

1. I plan, prepare, and serve adequate meals independently (1)
2. I prepare adequate meals only if supplied with the ingredients (0)
3. I heat, serve, and prepare meals, but do not maintain an adequate diet (0)
4. I need to have meals prepared and served (0)

D. Housekeeping

1. I maintain my home alone or with occasional assistance (1)
2. I perform light daily tasks such as dish washing and bed making (1)
3. I perform light tasks, but cannot maintain an acceptable level of cleanliness (1)
4. I perform home maintenance tasks, but only with the help of others (1)
5. I do not participate in any housekeeping tasks (0)

E. Laundry

1. I do personal laundry completely on my own (1)
2. I launder small items only (1)
3. All my laundry must be done by others (0)

F. Transportation

1. I travel independently on public transportation or drive my own car (1)
2. I arrange my own travel via taxi, but do not otherwise use public transportation (1)
3. I travel on public transportation when accompanied only (1)
4. I always require the assistance of others to travel (0)
5. I do not travel at all (0)

G. Medications

1. I take my medications independently in the correct dosages at the correct time (1)
2. I take my medications independently, but only if they are organized by others (0)
3. I am incapable of taking my medications independently (0)

H. Finances

1. I manage my financial matters independently (1)
2. I manage small purchases, but need help with banking and major purchases (1)
3. I am incapable of handling my finances (0)

Lawton, M. P. & Brody, E. M. (1969). Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. The Gerontologist, 9(3), 179-186.

Katz Index of Independence in Activities of Daily Living

For each category, circle the item description that most closely resembles your independence level:

A. Bathing

1. I bathe myself completely or need help in bathing only a single part of my body such as my back, genital area, or disabled extremity (1)
2. I always need help with bathing more than one part of my body or getting in and out of the tub, or need to be bathed completely (0)

B. Dressing

1. I get my clothes from my closet(s) and drawers and put on clothes and outer garments completely with fasteners, but may occasionally need help with tying my shoes (1)
2. I always need help with dressing or need to be dressed completely (0)

C. Toileting

1. I go to the toilet, get on and off, arrange my clothes, and clean my genital area without help (1)
2. I always need help with transferring to the toilet, cleaning myself, and arranging my clothes, or use a bedpan or commode (0)

D. Transferring

1. I move in and out of my bed or chair without assistance, or use mechanical transfer aids (1)
2. I always need help with moving in and out of my bed or chair, or need to be transferred completely (0)

E. Continence

1. I exercise complete self-control over urination and defecation (1)
2. I am partially or totally incontinent of bowel or bladder (0)

F. Feeding

1. I get food from my plate into my mouth without assistance, although preparation of food may be done by others (1)
2. I always need partial or complete assistance with feeding, or require parenteral feeding (0)

Katz, S., Ford, A. B., Moskowitz, R. W., Jackson, B. A. & Jaffe, M. W. (1963). Studies of Illness in the Aged: The Index of ADL, a Standardized Measure of Biological and Psychosocial Function. JAMA, 185(12), 914-919.

Pain Catastrophizing Scale

Rate the following statements according to the definitions below:

0 = Not at all; 1 = To a slight degree; 2 = To a moderate degree; 3 = To a great degree;
4 = All the time

When I'm in pain...	Ratings
I worry all the time about whether the pain will end (H)	
I feel I can't go on (H)	
It's terrible and I think it's never going to get any better (H)	
It's awful and I feel that it overwhelms me (H)	
I feel I can't stand it anymore (H)	
I become afraid that the pain will get worse (M)	
I keep thinking of other painful events (M)	
I anxiously want the pain to go away (R)	
I can't seem to keep it out of my mind (R)	
I keep thinking about how much it hurts (R)	
I keep thinking about how badly I want the pain to stop (R)	
There's nothing I can do to reduce the intensity of the pain (H)	
I wonder whether something serious may happen (M)	

Sullivan, M. J. L., Bishop, S. R. & Pivik, J. The Pain Catastrophizing Scale: Development and Validation. Psychological Assessment, 1995; 7(4):524-32.

Tampa Scale for Kinesiophobia

Rate the following statements according to the definitions below:

1 = Strongly disagree; 2 = Somewhat disagree; 3 = Somewhat agree; 4 = Strongly agree

Statements	Ratings
I'm afraid that I might injure myself if I exercise	
If I were to try to overcome it, my pain would increase	
My body is telling me I have something dangerously wrong	
People aren't taking my medical condition seriously enough	
My accident has put my body at risk for the rest of my life	
Pain always means I have injured my body	
Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening	
I wouldn't have this much pain if there weren't something potentially dangerous going on in my body	
Pain lets me know when to stop exercising so that I don't injure myself	
I can't do all the things normal people do because it's too easy for me to get injured	
No one should have to exercise when he/she is in pain	

Miller, R. P., Kori, S. & Todd, D. (1991). *The Tampa Scale: A Measure of Kinesiophobia. The Clinical Journal of Pain.* 7(1):51-52.

Patient Health Questionnaire-4

Answer the following questions according to the definitions below:

0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Answers
Feeling nervous, anxious, or on edge	
Not being able to stop or control worrying	
Little interest or pleasure in doing things	
Feeling down, depressed, or hopeless	

Kroenke, K., Spitzer, R. L., Williams, J. B. W. & Löwe, B. (2009). An Ultra-Brief Screening Scale for Anxiety and Depression: The PHQ-4. Psychosomatics, 50, 613-621.