

**BEHAVIORAL ASSESSMENT OF PAIN
MEDICAL STABILITY QUICK SCREEN (MSQS)**

NAME: _____ DATE: _____

ID#: _____

1. Pain location count _____

(choose more than one if it applies):

- | | | | |
|--|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> leg | <input type="checkbox"/> head | <input type="checkbox"/> foot | <input type="checkbox"/> arm/hand |
| <input type="checkbox"/> low back | <input type="checkbox"/> neck | <input type="checkbox"/> jaw | <input type="checkbox"/> knee |
| <input type="checkbox"/> mid-back | <input type="checkbox"/> shoulder | <input type="checkbox"/> chest | |
| <input type="checkbox"/> upper shoulders | <input type="checkbox"/> buttocks | <input type="checkbox"/> abdomen | |

2. Indicate your most significant pain

(choose only ONE location):

- | | | | |
|--------------------|-------------|-------------|--------------|
| 1. leg | 5. head | 9. foot | 13. arm/hand |
| 2. low back | 6. neck | 10. jaw | 14. knee |
| 3. mid-back | 7. shoulder | 11. chest | |
| 4. upper shoulders | 8. buttocks | 12. abdomen | |

3. I have experienced my pain for the following amount of time:

- | | | |
|-----------------|-------------------|-----------------------|
| 1. 1 - 3 weeks | 4. 8 - 11 months | 7. 2 years to 3 years |
| 2. 1 - 3 months | 5. 12 - 18 months | 8. 4 years to 5 years |
| 3. 4 - 7 months | 6. 19 - 24 months | 9. 6 years or more |

Circle the number that corresponds to your level of agreement as of today:

4. I believe that I am in need of additional medical treatments (e.g., physical therapy, chiropractic treatment, trigger point injections, surgery, etc.) for my pain problem.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

5. I believe that I am in need of narcotic pain medication(s) (e.g., Lortab, Vicodin, Percocet, etc.) to deal with my pain problem.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

6. I believe that I am in need of additional medical/diagnostic tests (e.g., x-rays, MRI's CTscan, EMG, etc.) for my pain problem.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

7. Of all the medical, surgical, psychiatric, physical therapy or chiropractic treatments you have had for your pain, estimate the total amount of improvement you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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8. Even though my pain problem has not gone away, I believe that I have reached maximum medical improvement and do not need further medical treatment for my pain.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

9. For the past week, including today, I have felt sad and depressed for more days than not due to my pain problem and the physical limitations I have.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

10. For the past week, including today, I have felt nervous, tense, anxious and uptight due to my pain problem and the physical limitations I have.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

11. I have trouble falling and staying asleep due to my pain.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

12. If I exert myself physically, I am only asking for trouble since I could reinjure myself.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

13. I have accepted that nothing further can be done to eliminate my pain.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

14. I shouldn't have to suffer from this pain.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

15. I can get on with the business of living despite my pain.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

16. I am much less physically active now than compared to before my pain problem began.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

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17. Over the past week, on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain, my pain at its WORST (highest) has been a . . .

0 1 2 3 4 5 6 7 8 9 10

18. Over the past week, on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain, my AVERAGE pain has been a . . .

0 1 2 3 4 5 6 7 8 9 10

19. Over the past week, on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain, my LEAST (lowest) pain has been a . . .

0 1 2 3 4 5 6 7 8 9 10

ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU ARE OFF FROM WORK
DUE TO YOUR PAIN PROBLEM.

20. I believe that I am ready to return to work or begin some type of vocational rehabilitation.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

21. My employer wants me back to work even if I am not 100% able to do my original job.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

22. I liked my job and the tasks of my job.

Strongly Disagree Somewhat Agree Strongly Agree
0 1 2 3 4 5 6 7 8 9 10

Please complete the following Demographic Section.

23. Sex: 1. male 2. female

24. Age: _____

25. Race: 1. Black 2. White 3. Hispanic 4. Asian 5. American Indian 6. other

26. Current marital status:

- | | |
|--|--------------------------|
| 1. never married | 4. divorced or separated |
| 2. married | 5. widowed |
| 3. living with someone but not married | |

27. Your highest educational level achieved:

1. graduate or professional training (obtained degree)
2. college graduate (obtained degree)
3. partial college training
4. high school graduate
5. GED or trade-technical school graduate
6. partial high school (10th grade through partial 12th)
7. partial junior high school (7th grade through 9th grade)
8. elementary school (6th grade or less)