

Post BAP- 2

Post-Behavioral Assessment of Pain-2 Questionnaire

Questionnaire Booklet

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Pain Assessment Resources

Introduction and Instructions



*If you are completing the **Post BAP-2**, you have already completed the **BAP-2** at an earlier time and are now going to have a chance to see what changes you have made over the course of your treatment.*

Your responses to the following questions are intended to help your health care team examine the changes you have made over the course of your treatment. Please consider your “typical” pain when answering these questions rather than your pain at its highest or worst.

Thank you.

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"Please begin by answering questions about your pain."

1. Rate your pain at its **worst** during the last week:

0 1 2 3 4 5 6 7 8 9 10
no pain at all excruciating pain

2. Rate your pain at its **least** during the last week:

0 1 2 3 4 5 6 7 8 9 10
no pain at all excruciating pain

3. Rate your pain on the **average** during the last week:

0 1 2 3 4 5 6 7 8 9 10
no pain at all excruciating pain

Rate how often you do each of the things below when you are in pain:

	not at all	1	2	3	4	5	6	7	very frequently
4. cry	0	1	2	3	4	5	6	7	
5. moan or wince	0	1	2	3	4	5	6	7	
6. lie down	0	1	2	3	4	5	6	7	
7. become irritable	0	1	2	3	4	5	6	7	
8. talk to others about your pain	0	1	2	3	4	5	6	7	
9. tell others to leave you alone	0	1	2	3	4	5	6	7	
10. brace yourself when you sit	0	1	2	3	4	5	6	7	
11. walk in a way that others could notice that you are in pain	0	1	2	3	4	5	6	7	

Rate each word below to indicate how well it describes your pain:

	does not describe my pain at all	1	2	3	4	5	6	7	describes my pain very well
12. throbbing	0	1	2	3	4	5	6	7	
13. sharp	0	1	2	3	4	5	6	7	
14. pulling	0	1	2	3	4	5	6	7	
15. tender	0	1	2	3	4	5	6	7	
16. sore	0	1	2	3	4	5	6	7	
17. tight	0	1	2	3	4	5	6	7	
18. dull	0	1	2	3	4	5	6	7	
19. aching	0	1	2	3	4	5	6	7	



“The following questions ask about your use of pain medication and other substances that may influence your pain.”



Have you read the above Instructions?

20. Indicate how many cups of regular coffee you drink per **day**:

- | | |
|----------|--------------|
| a. 0 | d. 4 - 5 |
| b. 1 | e. 6 - 7 |
| c. 2 - 3 | f. 8 or more |

21. Indicate how many cups of regular (not herbal) tea you drink per **day**:

- | | |
|----------|--------------|
| a. 0 | d. 4 - 5 |
| b. 1 | e. 6 - 7 |
| c. 2 - 3 | f. 8 or more |

22. Indicate how many cans of soft drink that contain caffeine you drink per **day** (e.g., regular Coke, Pepsi, Diet Pepsi, Diet Coke, Tab, etc.):

- | | |
|----------|--------------|
| a. 0 | d. 4 - 5 |
| b. 1 | e. 6 - 7 |
| c. 2 - 3 | f. 8 or more |

23. Indicate how many alcoholic drinks you have per **week** (e.g., wine, beer, and hard liquor):

- | | |
|-----------|---------------|
| a. 0 | d. 11 - 15 |
| b. 1 - 5 | e. 16 - 20 |
| c. 6 - 10 | f. 21 or more |

24. Indicate how many cigarettes you smoke each **day**:

- | | |
|------------|---------------|
| a. 0 | d. 21 - 30 |
| b. 1 - 10 | e. 31 - 40 |
| c. 11 - 20 | f. 41 or more |



“This next question asks about different medications you take that may influence your pain, sleep and mood. Be sure to answer each all 11 questions.”



Have you read the above Instructions?

Medications. Please check the number that indicates the medications you are currently using. This is a list of many of the medications used by people with chronic pain. The generic names are followed by common examples of brand names (in parentheses).

25-1. Non-Prescription Pain Relievers

If you are CURRENTLY using any of the Non-Prescription Pain Relievers listed below, circle “Yes” on the first column on 25-1, if not then circle “No” on 25-1. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Acetaminophen (Tylenol, Datril, Phenaphen, Panadol)
- Aspirin (Bayer, Empirin)
- Aspirin and caffeine (Anacin, Synalgos)
- Buffered aspirin (Bufferin, Ascriptin)
- Effervescent aspirin (Alka Seltzer, Bromo Seltzer)
- Enteric coated aspirin (Ecotrin)
- Ibuprofen (Advil, Nuprin, Haltrin, Pamprin)
- Choline salicylate (Arthropan)
- Salsalate (Disalcid)
- Triple salicylates (Trilisate)

25-2. Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)

If you are CURRENTLY using any of the Non-Steroidal Anti-Inflammatory Medications listed below, circle “Yes” on the first column on 25-2, if not then circle “No” on 25-2. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Fenoprofen (Nalfon)
- Oxaprozin (Daypro)
- Celebrex (Celecoxib)
- Carprofen (Rimadyl)
- Diclofenac (Voltaren)
- Diflunisal (Dolobid)
- Etodolac (Lodine)
- Fenoprofen (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Advil, Medipren, Motrin, Nuprin)
- Indomethacin (Indocin, etc.)
- Ketoprofen (Orudis)
- Ketorolac (Toradol)
- Meclofenamate (Meclomen)
- Mefenamic acid (Ponstel)
- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Naproxen (Naprosyn, Anaprox)
- Oxaprozin (Daypro)
- Oxyphenbutazone (Tandearil, others)
- Phenylbutazone (Butazolidin, Azolid, etc.)
- Piroxicam (Feldene)
- Sulindac (Clinoril)
- Tolmetin (Tolectin)

25-3. Prescription Pain Relievers - Analgesics - Short-Acting and Rapid-onset

If you are CURRENTLY using any of the Prescription Pain Relievers – Analgesics – Short-Acting and Rapid-onset medications listed below, circle “Yes” on the first column on 25-3, if not then circle “No” on 25-3. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- Not effective
- Mildly effective
- Moderately effective
- Very effective

- Codeine (Tylenol #3, #4)
- Dezocine (Dalgan)
- Dihydrocodeine (Synalgos-DC)
- Fentanyl citrate (Actiq, Fentora)
- Hydromorphone (Dilaudid)
- Hydrocodone (Anexia, Lorcet, Lortab, Norco, Hydrocet, Hycodaphen, Hy-Phen, Zydone, Vicodin, Vicoprofen)
- Meperidine (Demerol, Mepergan, pethidine)
- Morphine IR
- Oxycodone (Percocet, Percodan, Roxicodone, Tylox, Combunox, Supeudol)

- Oxymorphone (Numorphan)
- Nalbuphine (Nubain)
- Pentazocine (Talwin, Talacen)
- Propoxyphene (Darvocet-N 100, Darvon, Dolene)
- Tramadol hydrochloride (Tramadol, Ultracet, Ultram)

25-4. Prescription Pain Relievers - Analgesics - Time-released and long-acting

If you are CURRENTLY using any of the Prescription Pain Relievers - Analgesics - Time-released and long-acting medications listed below, circle “Yes” on the first column on 25-4, if not then circle “No” on 25-4. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Morphine sulfate (Astramorph, Duramorph, Kadian, Avinza, MS Contin, Oramorph SR, Roxanol)
- Oxycontin (Endocodone, ETH-Oxydose, M-Oxy, OxyContin, Oxyfast, OxyIR, Percolone, Roxicodone, Roxicodone Intensol)
- Methadone (Diskets, Dolophine, Methadose)
- Levorphanol (LevoDromoran)
- Fentanyl (Duragesic, Sublimaze)
- Oxymorphone (Opana ER)
- buprenorphine and naloxone (Suboxone, Stadol)
- Tridural, Ralivia, Tramacet

25-5. Antidepressant Medications

If you are CURRENTLY using any of the Antidepressant Medications listed below, circle “Yes” on the first column on 25-5, if not then circle “No” on 25-5. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Amitriptyline (Elavil)
- Desipramine hydrochloride (Norpramin)
- Nortriptyline (Pamelor, Aventyl)
- Fluoxetine (Prozac)
- Bupropion (Wellbutrin)
- Venlafaxine (Effexor)
- Paroxetine (Paxil)
- Citalopram (Celexa)

- Duloxetine (Cymbalta)
- Sinequan (Doxepin)
- Escitalopram (Lexapro)
- Sertraline (Zoloft)

25-6. Steroid medications

If you are CURRENTLY using any of the Steroid medications listed below, circle “Yes” on the first column on 25-6, if not then circle “No” on 25-6. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Deltasoned (Prednisone)
- Dexamethasone (Decadron)
- Methylprednisolone (Medrol)

25-7. Muscle Relaxants

If you are CURRENTLY using any of the Muscle Relaxants listed below, circle “Yes” on the first column on 25-7, if not then circle “No” on 25-7. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Carisoprodol (Soma, Vanadom)
- Chlorphenesin (Maolate)
- Chlorzoxazone (Paraflex, Paracet, Chlorzone)
- Cyclobenzaprine (Flexeril)
- Dantrolene (Dantrium)
- Metaxalone (Skelaxin)
- Methocarbamol (Robaxin, Marbaxin)
- Orphenadrine (Norflex, X-OTag)
- Tizanidine (Zanaflex)
- Bromazepam (Lectopam)

25-8. Benzodiazepines (Anti-anxiety)

If you are CURRENTLY using any of the Benzodiazepines (Anti-anxiety) medications listed below, circle “Yes” on the first column on 25-8, if not then circle “No” on 25-8. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Clonazepam (Tranxene)
- Diazepam (Valium)
- Chlordiazepoxide (Librium)
- Clonazepam (Tranxene)
- Halazepam (Paxipam)
- Lorazepam (Ativan)
- Oxazepam (Serax)
- Prazepam (Centrax)
- Quazepam (Doral)

25-9. Neuropathic, Anti-spasm and other pain medicines

If you are CURRENTLY using any of the Neuropathic, anti-spasm medications listed below, circle “Yes” on the first column on 25-9, if not then circle “No” on 25 -9. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Baclofen (Lioresal)
- Calcitonine (Miacalcin, Calcimar)
- Gabapentin (Neurontin, Gabarone)
- Pregabalin (Lyrica)
- Carbamazepine (Carbatrol, Equetro, Tegretol, Tegretol XR, Eptol)
- Epival, Depaken, Topamax, Lamictal

25-10. Sleep medicines

If you are CURRENTLY using any of the Sleep medications listed below, circle “Yes” on the first column on 25-10, if not then circle “No” on 25-10. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Zolpidem tartrate (Ambien)

- Eszopiclone (Lunesta)
- Imovane
- Zaleplon (Sonata)

25-11. Natural “Herbal” medicines

If you are CURRENTLY using any of the Natural “Herbal” Medications listed below, circle “Yes” on the first column on 25-11, if not then circle “No” on 25-11. If you take any of these medications, rate their overall effectiveness using the following and circle that letter in the second box:

- A. Not effective
- B. Mildly effective
- C. Moderately effective
- D. Very effective

- Belladonna
- Beta-carotene
- Creatine
- Danshen
- DHEA
- Echinacea
- Folate
- Ginkgo
- Ginseng
- Glucosamine
- Kava
- Melatonin
- Selenium
- Spirulina
- St. John's wort
- Valerian



“If you LIVE ALONE, go to question #53. Complete this section only if you live with a spouse or partner.”

Rate **HOW FREQUENTLY** your spouse/partner **DOES** the following things:

	not at all				very often			
	0	1	2	3	4	5	6	7
26. Encourages you to do your chores and duties.	0	1	2	3	4	5	6	7
27. Pays more attention to your needs when you are in pain than when you are not in pain.	0	1	2	3	4	5	6	7
28. Encourages you to rest when you are in pain.	0	1	2	3	4	5	6	7
29. Tells you he/she likes it when you increase your physical activity.	0	1	2	3	4	5	6	7
30. Becomes irritated with you when you try to increase your physical activity.	0	1	2	3	4	5	6	7
31. Pays attention to you when you are physically active, such as doing chores around the house or yard.	0	1	2	3	4	5	6	7
32. Pushes you to be more active.	0	1	2	3	4	5	6	7
33. Tells you that he/she appreciates it when you help around the house or yard.	0	1	2	3	4	5	6	7
34. Cautions you about reinjuring yourself when you are physically active (e.g., exercising, working around the yard, walking).	0	1	2	3	4	5	6	7
35. Encourages you to walk and exercise.	0	1	2	3	4	5	6	7
36. Warns you when you are physically active, "You'll pay the price if you keep that up."	0	1	2	3	4	5	6	7
37. Complains that your pain has made his/her life difficult.	0	1	2	3	4	5	6	7

Rate how frequently your spouse/partner does the following things?

	not at all				very often			
	0	1	2	3	4	5	6	7
38. Is especially nice to you when you are in pain.	0	1	2	3	4	5	6	7
39. Gets irritated or angry at you because of your pain.	0	1	2	3	4	5	6	7
40. Gives you a massage when you are in pain.	0	1	2	3	4	5	6	7
41. Gets upset with you for taking too much pain medication.	0	1	2	3	4	5	6	7
42. Brings you your pain medication when you are in pain.	0	1	2	3	4	5	6	7
43. Asks how you feel when you are in pain.	0	1	2	3	4	5	6	7
44. Becomes irritated with you for not getting better.	0	1	2	3	4	5	6	7
45. Asks if he/she can help in some way when you are in pain.	0	1	2	3	4	5	6	7
46. Stops you from doing physical activities that could increase your pain.	0	1	2	3	4	5	6	7
47. Encourages you to call your doctor when your pain flares up.	0	1	2	3	4	5	6	7
48. Criticizes you for not increasing your physical activity.	0	1	2	3	4	5	6	7
49. Takes over your chores and duties when you are in pain.	0	1	2	3	4	5	6	7
50. Gets mad at you when you tell him/her you are in pain.	0	1	2	3	4	5	6	7
51. Nags at you about being more active when you recline, sit or lie around the house.	0	1	2	3	4	5	6	7
52. Tells you that you should not be in as much pain as you say you are.	0	1	2	3	4	5	6	7



“The following questions ask about any changes in your activities since you developed pain. There are two parts to each question.”

<u>ACTIVITIES</u>	Now How frequently do you do this activity <u>NOW</u> ?							Avoidance Do you avoid this activity because because of PAIN?							
	not at all			very often				not at all			very often				
53. dining out	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
54. running errands	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
55. moving furniture	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
56. hunting/fishing	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
57. going to parties	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
58. laundry	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
59. ironing clothes	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
60. dusting or wiping	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
61. mowing the lawn	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
62. working on the car	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
63. getting dressed	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
64. shopping for groceries	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
65. gardening	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
66. doing the dishes	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
67. preparing meals	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
68. vacuuming	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
69. doing light household repairs	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
70. eating	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
71. playing sports	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
72. scrubbing the floor	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
73. washing the car	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7
74. walking long distances	0	1	2	3	4	5	6	7	0	1	3	4	5	6	7

Now
How frequently do you
do this activity NOW?

Avoidance
Do you avoid
this activity because
because of PAIN?

ACTIVITIES

	not at all	very often	not at all	very often
75. going to a walk-in movie	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
76. sexual activity	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
77. brushing/combing hair	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
78. going to nightclubs	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
79. showering	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
80. dancing	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
81. sleeping	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
82. being visited by others	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
83. driving long distances	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
84. brushing teeth	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
85. doing plumbing repair	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	
86. shaving	0 1 2 3 4 5 6 7		0 1 3 4 5 6 7	



“What kind of thoughts do you have about your pain problem? Rate how strongly you agree or disagree with the following statements.”

-
87. I am in control of my life even though I have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
88. I sometimes feel I have to show others I am in pain, otherwise they won't believe my pain is real.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
89. I can get on with the business of living despite my pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
90. My pain problem is more than I can handle.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
91. My doctors have left no stone unturned in their attempts to treat my pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
92. The medical treatments I have received for my pain have been thorough and comprehensive.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
93. I deserve better than to have chronic pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
94. It isn't right that I'm experiencing chronic pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
95. I will never enjoy life again as long as I have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree

96. It bothers me that others might not believe my pain is real.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
97. I have accepted that nothing further can be done to eliminate my pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
98. I should be able to control the pain much better than I do.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
99. My life will never be fulfilled as long as I have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
100. Given the length of time I have had pain, it is unlikely I will ever improve.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
101. I shouldn't have to suffer from this pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
102. When I do things that increase my pain, I am concerned that I might re-injure myself.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
103. I shouldn't let the pain bother me as much as it does.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
104. The best way to cope with chronic pain is by resting and avoiding those activities that make the pain worse.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
105. I will never be completely happy as long as I have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree
106. I must be doing something wrong since I continue to have pain.
0 1 2 3 4 5 6 7
strongly disagree strongly agree

107. If I exert myself physically, I am only asking for trouble since I could re-injure myself.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

108. I have received every reasonable diagnostic test to help determine the cause of my pain (e.g., CAT-scan, X-rays, myelogram, etc.)

0 1 2 3 4 5 6 7
strongly disagree strongly agree

109. I'm upset with myself for not being able to control my pain better.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

110. My doctors have tried everything possible to treat my pain problem.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

111. Since very little has helped my pain problem so far, probably nothing will be able to.

0 1 2 3 4 5 6 7
strongly disagree strongly agree

112. I sometimes feel I have to prove to others that I really do hurt.

0 1 2 3 4 5 6 7
strongly disagree strongly agree



“Over the past TWO WEEKS how often have you experienced the following symptoms?”



Have you read the above Instructions?

	not at all								very often
113. shortness of breath	0	1	2	3	4	5	6	7	
114. muscle twitching	0	1	2	3	4	5	6	7	
115. racing heart	0	1	2	3	4	5	6	7	
116. frequent urination	0	1	2	3	4	5	6	7	
117. restlessness	0	1	2	3	4	5	6	7	
118. feeling tense and keyed up	0	1	2	3	4	5	6	7	
119. stomach distress	0	1	2	3	4	5	6	7	
120. trouble swallowing	0	1	2	3	4	5	6	7	
121. crying easily	0	1	2	3	4	5	6	7	

	not at all				very often			
122. dizziness	0	1	2	3	4	5	6	7
123. fatigue	0	1	2	3	4	5	6	7
124. feelings of guilt	0	1	2	3	4	5	6	7
125. worrying	0	1	2	3	4	5	6	7
126. feeling shaky	0	1	2	3	4	5	6	7
127. dry mouth	0	1	2	3	4	5	6	7
128. disappointment in yourself	0	1	2	3	4	5	6	7
129. feelings of anger	0	1	2	3	4	5	6	7
130. cold hands	0	1	2	3	4	5	6	7
131. feelings of sadness or depression	0	1	2	3	4	5	6	7
132. muscle tension or tightness	0	1	2	3	4	5	6	7
133. feelings of worthlessness	0	1	2	3	4	5	6	7
134. feelings of inferiority	0	1	2	3	4	5	6	7
135. trouble falling asleep	0	1	2	3	4	5	6	7
136. trouble staying asleep	0	1	2	3	4	5	6	7
137. sore muscles	0	1	2	3	4	5	6	7
138. racing thoughts	0	1	2	3	4	5	6	7
139. decreased interest in socializing	0	1	2	3	4	5	6	7
140. increase in your appetite	0	1	2	3	4	5	6	7
141. increase in weight over the past month	0	1	2	3	4	5	6	7
142. loss of interest for a variety of previously pleasant activities	0	1	2	3	4	5	6	7
143. thoughts of harming yourself or "ending it all"	0	1	2	3	4	5	6	7
144. being discouraged about the future	0	1	2	3	4	5	6	7
145. feelings of being punished or deserving punishment	0	1	2	3	4	5	6	7
146. difficulty motivating yourself to do things	0	1	2	3	4	5	6	7



“This final section asks you what you think will happen to you and/or others when your pain increases.”

When your pain increases sharply, how concerned are you that:

	not at all concerned					very concerned			
147. your pain will negatively affect others	0	1	2	3	4	5	6	7	
148. you will not accomplish anything else the rest of the day	0	1	2	3	4	5	6	7	
149. you will physically harm yourself	0	1	2	3	4	5	6	7	
150. you will cause a set-back in your healing	0	1	2	3	4	5	6	7	
151. your pain will cause others to be upset	0	1	2	3	4	5	6	7	
152. you will reinjure yourself	0	1	2	3	4	5	6	7	
153. you will become angry	0	1	2	3	4	5	6	7	
154. your pain will make others suffer	0	1	2	3	4	5	6	7	
155. you will make your physical problem worse	0	1	2	3	4	5	6	7	
156. you will become irritable	0	1	2	3	4	5	6	7	
157. your pain will interfere with the plans or activities of others	0	1	2	3	4	5	6	7	
158. you will "lose your mind"	0	1	2	3	4	5	6	7	
159. your pain will interfere with other activities	0	1	2	3	4	5	6	7	
160. your pain will bring everyone else down	0	1	2	3	4	5	6	7	
161. you will have a nervous breakdown	0	1	2	3	4	5	6	7	
162. you will become increasingly dependent upon others	0	1	2	3	4	5	6	7	

When your pain increases sharply, how concerned are you that:

	not at all concerned					very concerned		
163. your pain will not settle down	0	1	2	3	4	5	6	7
164. you will become depressed	0	1	2	3	4	5	6	7
165. your pain will get even worse	0	1	2	3	4	5	6	7
166. your pain will take a long time to calm down	0	1	2	3	4	5	6	7
167. you will lose self-respect	0	1	2	3	4	5	6	7
168. the rest of the day will be shot	0	1	2	3	4	5	6	7
169. you will become permanently disabled	0	1	2	3	4	5	6	7
170. you will not get anything done	0	1	2	3	4	5	6	7



“Thank you for completing the Post BAP-2!”