

WEST HAVEN-YALE MULTIDIMENSIONAL PAIN INVENTORY

Kerns, Turk & Rudy (1985)

RE-EVALUATION QUESTIONS

BELOW:

1. Some of the questions in this questionnaire refer to your “significant other”. A significant other is *a person with whom you feel closest*. This includes anyone that you relate to on a regular or infrequent basis. It is very important that you identify someone as your “significant other”. Please indicate below who your significant other is (check one):

Spouse	Partner/Companion	Housemate/Roomate
Friend	Neighbor	Parent/Child/Other relative
Other	(please describe):	

A.

In the following 20 questions, you will be asked to describe your pain and how it affects your life. Under each question is a scale to record your answer. Read each question carefully and then circle a number on the scale under that question to indicate how that specific question applies to you.

0 1 2 3 4 5 6
No change Extreme change

5. How supportive or helpful is your spouse (significant other) to you in relation to your pain?

0 1 2 3 4 5 6
Not at all supportive Extremely supportive

6. Rate your overall mood during the past week.

0 1 2 3 4 5 6
Extremely low mood Extremely high mood

7. On the average, how severe has your pain been during the last week?

0 1 2 3 4 5 6
Not at all severe Extremely severe

8. How much has your pain changed your ability to participate in recreational and other social activities?

0 1 2 3 4 5 6
No change Extreme change

9. How much has your pain changed the amount of satisfaction you get from family-related activities?

0 1 2 3 4 5 6
No change Extreme change

10. How worried is your spouse (significant other) about you in relation to your pain problem?

0 1 2 3 4 5 6
Not at all worried Extremely worried

11. During the past week, how much control do you feel that you have had over your life?

0 1 2 3 4 5 6
Not at all in control Extremely in control

12. How much suffering do you experience because of your pain?

0 1 2 3 4 5 6
No suffering Extreme suffering

13. How much has your pain changed your marriage and other family relationships?

0 1 2 3 4 5 6 u

No change

Never

Very often

10. Expresses anger at me.

0 1 2 3 4 5 6
Never Very often

11. Gets me some pain medications.

0 1 2 3 4 5 6
Never Very often

12. Encourages me to work on a hobby.

0 1 2 3 4 5 6
Never Very often

13. Gets me something to eat or drink.

0 1 2 3 4 5 6
Never Very often

14. Turns on the T.V. to take my mind off my pain

0 1 2 3 4 5 6
Never Very often

C.

Listed below are 18 common daily activities. Please indicate how often you do each of these activities by circling a number on the scale listed below each activity. Please complete all 18 questions.

1. Wash dishes.

0 1 2 3 4 5 6
Never Very often

2. Mow the lawn.

0 1 2 3 4 5 6
Never Very often

3. Go out to eat.

0 1 2 3 4 5 6
Never Very often

4. Play cards or other games.
0 1 2 3 4 5 6
Never Very often
5. Go grocery shopping.
0 1 2 3 4 5 6
Never Very often
6. Work in the garden.
0 1 2 3 4 5 6
Never Very often
7. Go to a movie.
0 1 2 3 4 5 6
Never Very often
8. Visit friends.
0 1 2 3 4 5 6
Never Very often
9. Help with the house cleaning.
0 1 2 3 4 5 6
Never Very often
10. Work on the car.
0 1 2 3 4 5 6
Never Very often
11. Take a ride in a car.
0 1 2 3 4 5 6
Never Very often
12. Visit relatives.
0 1 2 3 4 5 6
Never Very often
13. Prepare a meal.
0 1 2 3 4 5 6
Never Very often
14. Wash the car.

0 1 2 3 4 5 6
Never Very often

15. Take a trip.

0 1 2 3 4 5 6
Never Very often

16. Go to a park or beach.

0 1 2 3 4 5 6
Never Very often

17. Do a load of laundry.

0 1 2 3 4 5 6
Never Very often

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