

PAIN RELATED STRESS INVENTORY

Patient's Name: _____ Today's Date: _____

Serious injury normally causes stress and disruption a person's life. Your physician wants to learn more about your stresses and other feelings for the purpose of planning overall treatment.

PLEASE CHECK **T** FOR TRUE OR MOSTLY TRUE AND **F** FOR FALSE OR MOSTLY FALSE.

- T F 1 I suffer from severe pain much of the time.
- T F 2 I am more irritable, angry or frustrated now.
- T F 3 I am worried about my future and about whether I will ever get any better.
- T F 4 I worry that my condition might get even worse.
- T F 5 I worry about medical treatments and about being harmed by my doctor or treatments.
- T F 6 I worry that my doctor does not really understand the seriousness of my situation.
- T F 7 I am worried that I will become helpless or dependent.
- T F 8 I find it difficult to fall asleep or I awaken and cannot fall back to sleep.
- T F 9 I get confused when trying to make decisions or I find it difficult to concentrate.
- T F 10 I often ask my medical questions of family or friends instead of asking my doctor.
- T F 11 I want to talk about my condition but find others impatient or not very understanding.
- T F 12 I feel like a burden to others.
- T F 13 I sleep a great deal during the day.
- T F 14 I am drinking more alcohol or using more drugs that I know I should.
- T F 15 My self-esteem and self respect have diminished. I feel like less of a person now.
- T F 16 I feel guilty.
- T F 17 I feel hopeless.
- T F 18 I resent needing medical and other treatments.
- T F 19 I have thoughts of suicide
- T F 20 I have thought out my suicide plan.