

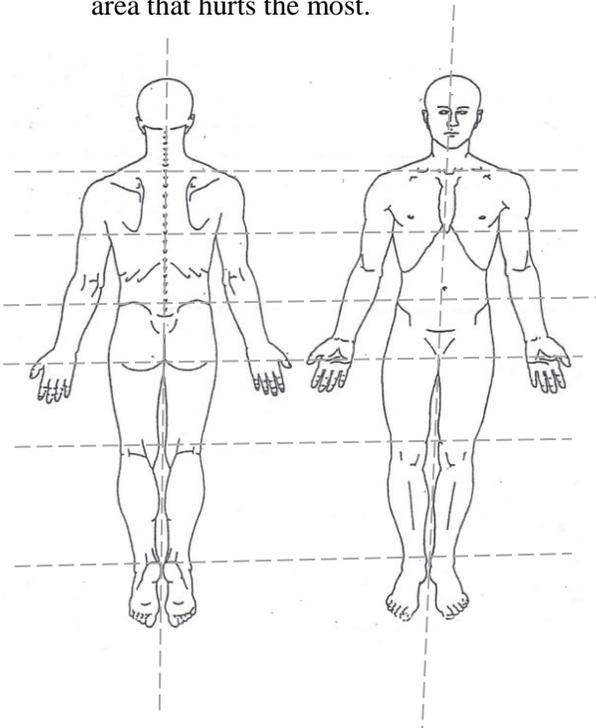
## Michigan Pain Measurement Scales (MPMS)<sup>©</sup>

Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number you can be reached at: \_\_\_\_\_

Chief Complaint (Presenting Problem): \_\_\_\_\_

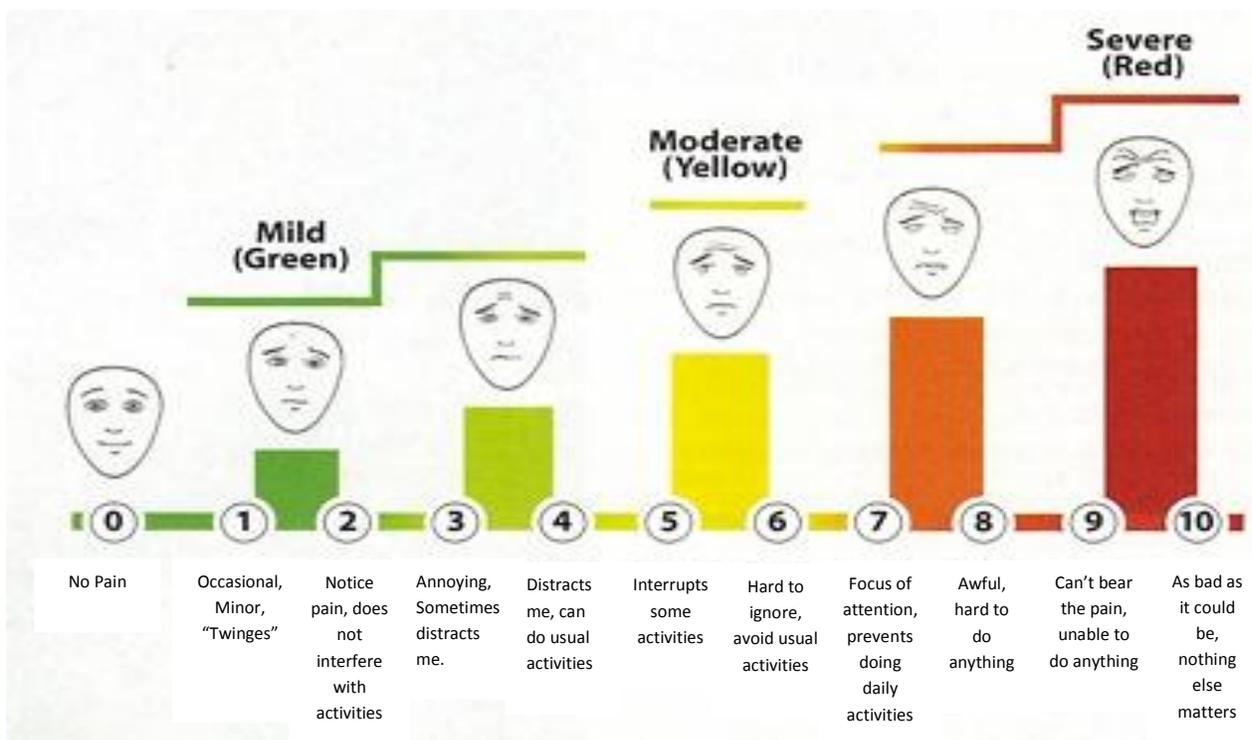
1.) **PAIN SITES** – On the diagram, **shade** in all the painful areas. Then, **put an X** at the area that hurts the most.



2.) **MEDICATIONS** - How **many** of these medications are you taking in a day?

	Number
Anti-inflammatories	_____
Narcotic Pain Relievers	_____
Muscle Relaxers	_____
Anxiety Medications	_____
Depression Medications	_____
Sleep Medications	_____

3.) **INTENSITY**- What is your pain level? - **Circle the number** that most accurately describes the level of your pain in the last 24 hours.



**4.) FUNCTIONAL CAPACITY** - How does your **pain affect your daily life**? Select the number that most describes how pain is affecting you in each of the following categories.

**Sleep** (To fall sleep, stay asleep, and obtain rest)



Does not interfere.

Completely Interferes.

**General Activity** (Ability to do social, recreational, or family activities.)



Does not interfere.

Completely Interferes.

**Mood** – How emotionally **unpleasant** or horrible is the pain?



Not at all unpleasant.

The pain hurts me

The pain harms me

The most horrible feeling possible.

Ability to **Concentrate** (Think and remember.)



Does not interfere.

Completely Interferes.

**Work** (Includes both work outside the home and housework.)



Does not interfere.

Completely Interferes.

**Stress Level** (Relationships, family, financial.)



Pain causes no stress

Manageable Stress

Overwhelming Stress

Unbearable stress

**5.) Global Appraisal** - Since the pain started, how would you describe the change, if any, in your overall mood, function, activity level, and overall quality of life?



I am Completely Better

A great deal better

Better

Moderately better

A little better

Almost the same

No Change/Worse

## CALL BACK EVALUATION

I need to ask about your pain level and how you are doing following your \_\_\_\_\_ (procedure)

In the days just *prior* to your procedure, how would you rate the pain? \_\_\_\_\_ (1-10 score)

For the days right after the procedure, how would you rate your pain? \_\_\_\_\_ (1-10 score)

Medications- (How **many** of these medications are you taking in a day?)

	Number
NSAID's:	_____
Narcotic Pain Relievers	_____
Muscle Relaxers	_____
Anxiety Medications	_____
Depression Medications	_____
Sleep Medications	_____

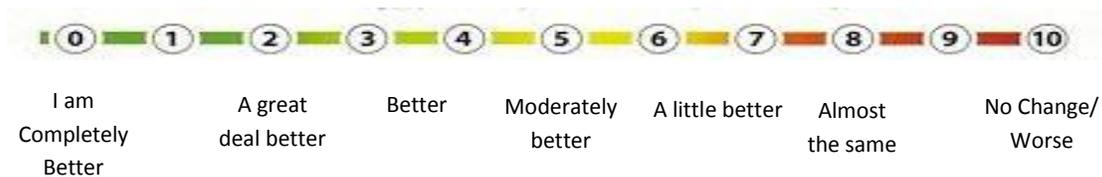
Are you experiencing any problems since the procedure(s)? Yes No (circle one)

Symptom \_\_\_\_\_ Recommendation \_\_\_\_\_

I need to ask how your functioning, on a 0-10 scale (0=doesn't interfere; 10=completely interferes),  
How is the pain now affecting your:

	Number
a. Sleep (Fall to sleep, stay asleep, obtain rest)	_____
b. General Activity (Ability to do social, recreational, or family activities)	_____
c. Mood (How emotionally unpleasant or horrible is the pain?)	_____
d. Ability to Concentrate (Think and remember)	_____
e. Work (Includes both work outside the home and housework)	_____
f. Stress Level (Relationships, family, financial)	_____

**Global Appraisal** - Since the pain started, how would you describe the change, if any, in your overall mood, function, activity level, and overall quality of life?



### Other Concerns

- Is there anything else that we need to know about you or your pain that may help us understand and treat you? If so, please describe below.

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### Pain Management Performance Scale adapted from:

- 1.) Pain Management Task Force-Final Report. Office of The Army Surgeon General. 2010.  
[http://www.amedd.army.mil/reports/Pain\\_Managemen\\_Task\\_Force.pdf](http://www.amedd.army.mil/reports/Pain_Managemen_Task_Force.pdf). Accessed April 3, 2012
- 2.) Hurst H, Bolton J. Assessing the clinical significance of change scores recorded on subjective outcomemeasures. Journal of Manipulative Physiological therapeutics (JMPT) 2004; 27:26-35.
- 3.) Jerome, John A. Chapters 16, 56. Chronic Pain Management. Foundations of Osteopathic Medicine. Lippincott, Williams, &Wilkins, 3<sup>rd</sup> ed., Wolters Kluwer, 2011, Baltimore, MD, USA. Pg. 253-276; 903-910.  
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