

Patient: _____

Date: _____

Please circle which one you have if any:

Depression

Attention Deficit Disorder

Bipolar disease

Obsessive Compulsive Disorder

Schizophrenia

Personality disorder

Hypervigilant States

Somatozation Disorder

Please circle either yes or no

Do you have personal or family history of alcohol or drug abuse?: yes/ no

Is your pain related to a motor vehicle accident? yes/ no

Do you have pain in more than 3 areas of the body: yes/ no

	Never 0	Seldom 1	Sometimes 2	Often 3	Very often 4
How often do have mood swings?					
How often have you feel a need for higher doses of medication to treat your pain?					
How often have you felt impatient with her doctors?					
How often have you felt that things are just too overwhelming that you can't handle them?					
How often is there tension at home?					
How often have you counted pain pills to see how many are remaining?					
How often have you been concerned that people will judge you for taking pain medications?					
How often do you feel bored?					
How often have you taken more pain medication than you were supposed to?					
How often have you worried about being left alone?					
How often have you felt a craving for medication?					
How often have others expressed concern over your use of medication?					
How often having had any of your close friends had a problem with alcohol or drugs?					

How often have others told you that you had a bad temper?					
How often have you felt consumed by the need to get pain medication?					
How often have you run out of pain medication early?					
How often have others kept you from getting what you deserve?					
How often, in your lifetime, have you had legal problems or been arrested?					
How often have you attended an AA or NA meeting?					
How often have you been in an argument that was so out of control that someone got hurt?					
How often have you been sexually abused?					
How often have other suggested that you have a drug or alcohol problem?					
How often have you had to borrow pain medication from your family or friends?					
How often have you been treated for alcohol withdrawal problem or drug problem?					