

QISS TAPED

Q	Quality	<p>What were your first symptoms? What words would you use to describe the pain? (achy, sharp, burning, squeezing, dull, icy, etc...)</p> <p>Besides sensations you consider to be "pain," are there other unusual sensations, such as numbness?</p>
I	Impact	<p>How does the pain affect you?</p> <p>How does the pain impact your sleep, activity, mood, appetite (other - work, relationships, exercise, etc.)</p> <p>What does the pain prevent you from doing? (Depression screen) Do you feel sad or blue? Do you cry often? Is there loss of interest in life? Decreased or increased appetite?</p> <p>(Anxiety screen) Do you feel stressed or nervous? Have you been particularly anxious about anything? Do you startle easily?</p>
S	Site	<p>Show me where you feel the pain. Can you put your finger/hand on it?</p> <p>Or show me on a body map?</p> <p>Does the pain move/radiate anywhere? Has the location changed over time?</p>
S	Severity	<p>On a 0-10 scale with 0 = no pain and 10 = the worst pain imaginable, how much pain are you in right now?</p> <p>What is the least pain you have had in the past (24 hours, one week, month)?</p> <p>What is the worst pain you have had in the past (24 hours, one week, month)?</p> <p>How often are you in severe pain? (hours in a day, days a week you have pain)?</p>

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T	Temporal Characteristics	When did the pain start? Was it sudden? Gradual? Was there a clear triggering event? Is the pain constant or intermittent? Does it come spontaneously or is it provoked? Is there a predictable pattern? (e.g., always worst in the morning or in the evening? Does it suddenly flare up?)
A	Aggravating and Alleviating Factors	What makes the pain better? What makes the pain worse? When do you get the best relief? How much relief do you get? How long does it last?
P	Past Response, Preferences	How have you managed your pain in the past? (Ask about both drug and non-drug methods) What helped? What did not help? (Be specific about drug trials - how much and how long?) What medications have you tried? Was the dose increased until you had pain relief or side effects? How long did you take the drug? Are there any pain medicines that have caused you an allergic or other bad reaction? How do you feel about taking medications? Have you tried physical or occupational therapy? What was done? Was it helpful? Have you tried spinal or other injections for pain treatment? What was done? Was it helpful?
E	Expectations, Goals, Meaning	What do you think is causing the pain? How may we help you? What do you think we should do to treat your pain? What do you hope the treatment will accomplish? What do you want to do that the pain keeps you from doing? What are you most afraid of? (Uncovers specific fears, such as fear of cancer, which should be acknowledged and addressed.)
D	Diagnostics & Physical Exam	Examine and inspect site, Perform a systems assessment and examination as indicated Review imaging, laboratory and/or other test results as indicated