QUESTIONNAIRES

Before you begin, recognise that people often complete questionnaires in ways that describe what they want others to think – instead of how they really feel. That will do you no favours here – be honest with yourself. Also, because others can see things we don't, you might want to check your answers with someone you trust.

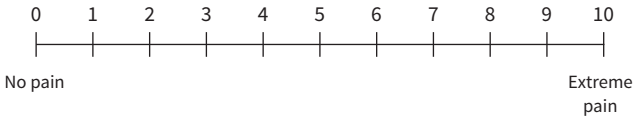
QUESTIONNAIRE 1: ASSESS YOUR PAIN

There is no pass or fail score with this questionnaire, because it was designed to record how you feel at this stage and provide information for discussion with your doctor. Conversations with your medical adviser will be more useful if you can discuss specific, tangible information about what has happened to you.

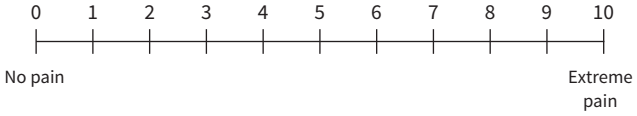
Write your responses to this questionnaire and other activities from the book in a notebook specifically for pain management. We'll look more at how you can use it towards the end of Part Two.

Mark your responses to each question, using the scales below:

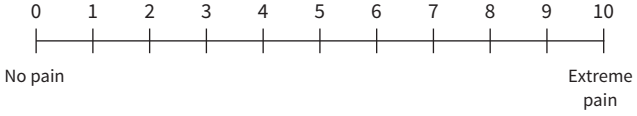
How bothersome has your pain been in the last few days?



How intense is your pain now?



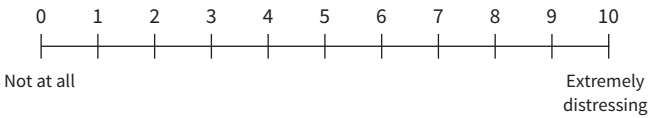
How intense was your pain, on average, last week?



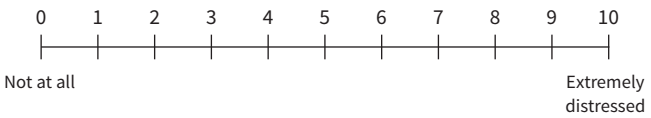
* * *

Now please use the same method to describe some effects of the pain.

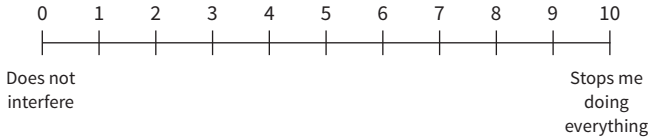
How distressing is your pain to you now?



How distressed has it made you, on average, over the last month?



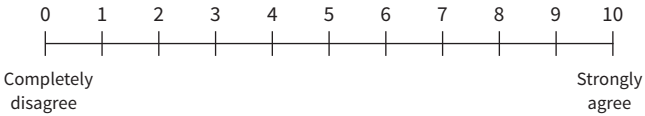
To what extent does your pain interfere with your normal daily life?



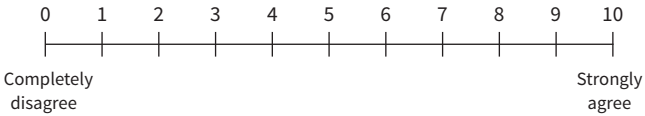
* * *

To what extent do you agree or disagree with the following statements?

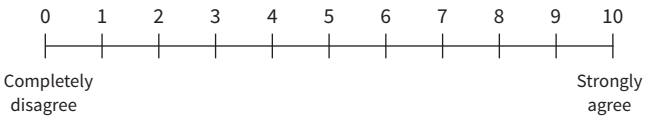
In the last few days, I have dressed more slowly than usual because of my pain.



In the last few days, I have only walked short distances because of my pain.



It's really not safe for a person with a condition like mine to be physically active.



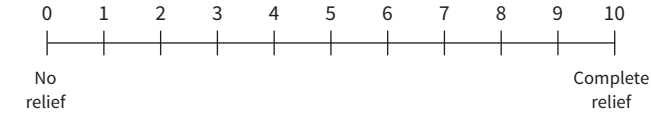
Worrying thoughts have been going through my mind a lot of the time in the last few days.

I feel that my pain is terrible and that it is never going to get any better.

In general, in the last few days, I have not enjoyed all the things I used to enjoy.

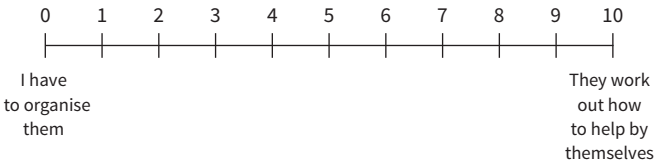
* * *

If you have had any treatment for your pain, how much has this taken away the pain?

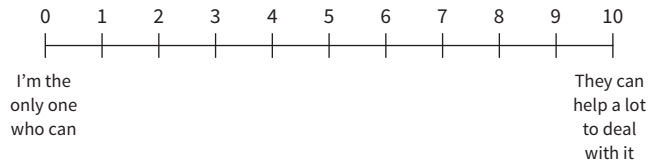


If you have someone with you who knows how to help deal with your pain, how well organised are they?

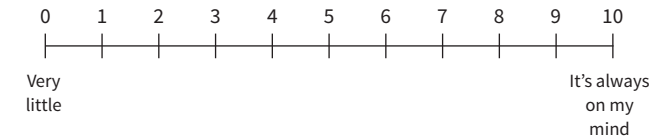
(If you don't have anyone with you who helps, skip this and go to next question.)



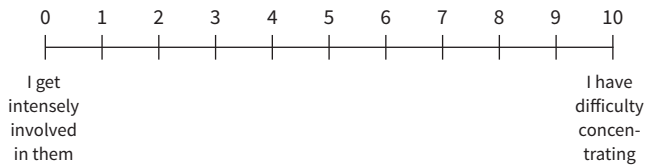
To what extent do people you see really help with your pain?



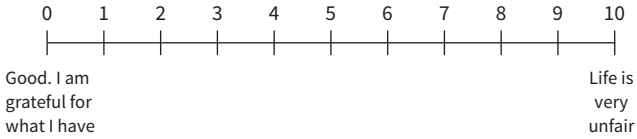
How much do you find yourself thinking about your pain?



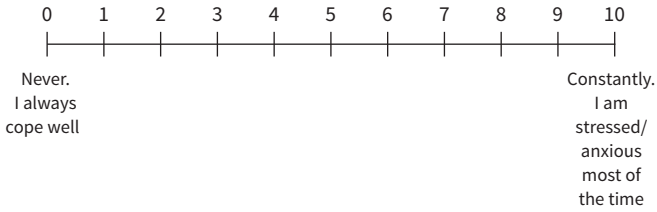
When you try to do other things, how does it feel?



Overall, pain aside, how do you feel things have been going in your life?

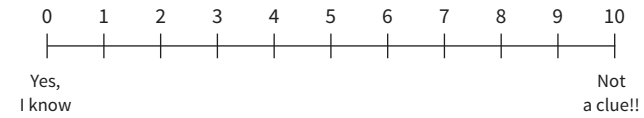


How frequently do you feel stressed?



Do you have any idea what a C fibre does?

(If not, don't worry, we'll discuss them later.)



QUESTIONNAIRE 2: THE EFFECTS OF CHRONIC PAIN

This second questionnaire concerns the effects of pain and difficulties you have coping with the condition that causes it. It will help you to think about your plan of action and ask what is really best for you. Information about scoring the questionnaire is given afterwards.

For each of the statements below, circle the number which most closely reflects how you have been feeling in the past week. Ignore which column (A or B) the numbers are in. Don't take too long over your replies: your instinctive answer is best. You will be able to score and interpret your answers using the scoring sheet on page 31.

A	B	
		I feel tense or 'wound up':
	3	Most of the time
	2	A lot of the time
	1	From time to time
	0	Not at all
		I still enjoy the things I used to enjoy:
0		Definitely as much
1		Not quite so much
2		Only a little
3		Hardly at all

A	B	
		I get a sort of frightened feeling as if something awful is about to happen:
	3	Very definitely and quite badly
	2	Yes, but not too badly
	1	A little, but it doesn't worry me
	0	Not at all
		I can laugh and see the funny side of things:
0		As much as I always could
1		Not quite so much now
2		Definitely not so much now
3		Not at all
		Worrying thoughts go through my mind:
	3	Most of the time
	2	A lot of the time
	1	From time to time, but not too often
	0	Hardly ever
		I feel cheerful:
3		Not at all
2		Not often
1		Sometimes
0		Most of the time
		I can sit at ease and feel relaxed:
	0	Very often
	1	Usually
	2	Not often
	3	Not at all

A	B	
		I feel as if I am slowed down:
3		Nearly all the time
2		Very often
1		Sometimes
0		Not at all
		I get a sort of frightened feeling like 'butterflies' in the stomach:
	0	Not at all
	1	Occasionally
	2	Quite often
	3	Very often
		I have lost interest in my appearance:
3		Definitely
2		I don't take as much care as I did
1		I may take just a bit less care
0		I take just as much care as ever
		I feel restless as I have to be on the move:
	3	Very much
	2	Quite a lot
	1	Not very much
	0	Not at all
		I look forward with enjoyment to things:
0		As much as I ever did
1		Rather less than I used to
2		Much less than I used to
3		Hardly at all

A	B	
		I get sudden feelings of panic:
	3	Very often
	2	Quite often
	1	Not very often
	0	Not at all
		I can enjoy a good book or radio or TV programme:
0		Most of the time
1		Sometimes
2		Not often
3		Very seldom

SCORING SHEET FOR QUESTIONNAIRE 2

Please add up all the numbers you have circled for column A and put the total below. Then do the same for all the numbers you circled in column B.

Total score: Column A _____ Column B _____

INTERPRETATION

This questionnaire was concerned with your resilience and the well-being needed to take control of your situation. The two columns are designed to help you, your family and doctor to understand how you are feeling, and to help you to think about how to start managing your pain. The principle here is that pain experienced over a long period begins to affect how you think, how

positive you are and your ability to make the best of your situation.

Column A gives you a score for depression, which is about low mood and a sense of hopelessness which can be overwhelming. Column B gives you a score for anxiety. Taken together, the scores are a good measure of the psychological distress pain can cause – including a generally low mood, a tendency towards negativity (anticipating the worst outcomes) and a decline in your resilience or ability to keep going. The intention of this book is to help you find ways of making life better despite your pain. High scores for depression and anxiety will get in the way of that.

If you scored **between 0 and 7** on either column, you are probably coping pretty well and managing to see the positives around you. Read the book at your leisure and, when it feels appropriate, talk to your doctor about your plan and what you are considering trying out.

A score **between 8 and 10** on either column is 'borderline'. It suggests that the situation is beginning to take its toll on you. Consider setting yourself a deadline for reading this book, thinking about your condition and seeing your medical adviser to work out a plan before the pain makes you feel any worse.

A score of **11 or above** (particularly if you get high scores for both columns) indicates that your pain may be having a significant effect on you, and it would be

reasonable to assume that you could struggle to take self-management on just now. While there are always problems with questionnaires and they can never be 100 per cent accurate, you might think of having a chat with your doctor soon, to discuss the anxieties you feel and any problems you foresee playing a larger part in managing your own pain.

QUESTIONNAIRE 3: PAIN REACTIONS

This questionnaire will help you to highlight the thoughts and perspectives that will both help and hinder you, either in planning to manage your pain or in relation to the motivation and resilience you need. Please don't look at the scoring instructions which follow until you have completed it.

Think about how you react when you feel pain. You will probably react differently from one day to another – that's to be expected – but to get the most from this questionnaire, you will have to think a bit more broadly. What is your reaction overall?

Here are fourteen statements about your pain. Rate each statement from 1 (meaning you never react that way) to 10 (meaning you always tend to think that). When you have completed the questionnaire, read about the issues it measures in this chapter so that the meaning of the scoring instructions will make more sense.

	Statement	**Score from 1–10**
1	It's terrible and I think it's never going to get any better	
2	It's awful and it just overwhelms me	
3	I worry all the time about whether the pain will ever end	

	Statement	Score from 1–10
4	I feel I just can't stand it any more	
5	It makes me think I can't go on	
6	There is nothing I can do to reduce the intensity of the pain any more	
7	I am really anxious and want the pain to go away	
8	It's pretty much the first thing I think about when I wake up	
9	I keep thinking about how it hurts and what it stops me doing	
10	I can't get away from wanting the pain to stop	
11	I can't get the pain and my situation out of my mind	
12	I worry the pain will get even worse over time	
13	It makes me think of other painful experiences which I or others have had	
14	I sometimes wonder whether something serious might go wrong with me	

SCORING YOUR PAIN REACTIONS QUESTIONNAIRE

The Pain Reactions Scale Questionnaire (Walton, D., 2008, after Sullivan et al., 1995) was designed to assess the degree to which these elements may pose a problem for you when you develop your plans for improving your pain management. There are brief descriptions of what you are scoring here, but much more later in the chapter.

Add up your scores for the statements in these three groups, then add the three scores together for an overall picture of your reactions to pain.

- **Helplessness** (Statements 1–6): _____
  Your subtotal will be between 6 and 60
- **Rumination** (Statements 7–11): _____
  Your subtotal will be between 5 and 50
- **Magnification** (Statements 12–14): _____
  Your subtotal will be between 3 and 30
- **Total score:** _____
  Between 14 and 140

SO, WHAT DO YOUR SCORES MEAN?

When used in a clinic or session with your doctor, these scores and the rationale behind your answers can lead to a useful conversation about how significant negative and positive perspectives are for overcoming the negative effects of pain. In pain clinics, people with a **total score above 100** typically had found that their pain experience pushed them into ways of looking at their situation, described as the three aspects of your score: helplessness, rumination and magnification. These are described in much more detail later in the book, because they often cause problems for planning, getting support, and

maintaining resilience and motivation – skills you need to control pain. These ways of thinking are sometimes called the depressive effect of chronic illness.

However, people may also have severe pain but a different situation and outlook – they will be less influenced by pain's depressive effects. They tend to obtain **overall scores between 60 and 100**. These are usually people for whom self-management of their chronic pain should be well within their capabilities. As with people achieving **overall scores below 60**, the pain they experience does not seem to have created the depression and hopelessness which some pain sufferers experience and which result in low motivation or the resilience needed to manage your own care or try new approaches.

One example of the depressive effect of chronic illness is catastrophising – fearing that the very worst will always happen, predicting negative futures and repeatedly being absorbed with unhelpful thoughts about the worst aspects of everything.

CATASTROPHISING

Implementing your plans for better pain control and coping with the changes they may require is not always easy. Dealing with chronic pain, being motivated to try new things and coping with failures is challenging. But your perspective, optimism and belief in what you can achieve is vital.

In the 1980s, psychologist Aaron Beck was trying to help patients plan their recovery when he noticed that most of those having difficulty tended to catastrophise in their thinking. Catastrophising not only contributes to pain, emotional distress and persistent problems, but also decreases the probability that patients will take control of their pain and use new ideas to change their perception of it.

Beck suggested to them that doing this involved different things: elements of **rumination** (e.g. 'I can't stop thinking about how much it hurts'), **magnification** ('I worry that something serious may happen') and **helplessness** ('There is nothing I can do to reduce the intensity of the pain'). Over the last twenty years, repeated research studies have found these elements increase pain and diminish both resolve and resilience.

A **score of 30 or more for the rumination subscale** represents a clinically important level of catastrophising, which is likely to show in above-average negative perspectives and the avoidance of positive opportunities for change. The nature of the catastrophising tends to be one which emphasises negatives, and in clinic these patients often have difficulty reminding themselves about positive aspects of their well-being.

Looking at the balance of scores between the questionnaire's three scales will tell you about the form which your negative thinking may take. For example,

a high score for magnification may represent either overestimating difficulties or underestimating your capacity to achieve things. High scores for helplessness may raise questions about the assumptions you make about yourself, your independence and self-reliance, and self-confidence/image.

Try talking over the results of this questionnaire with your family, your doctor or other health professional involved in your care, and explore how you can get support with implementing your self-management plan. In Part Two we'll explore helplessness in more detail as well as some advice about avoiding rumination.

Helplessness, rumination and magnification are unhealthy habits to get into because we almost inevitably begin to believe negative thoughts, rather than taking a more balanced view of the situation. When we're feeling depressed, we often automatically take a negative view of things, which can lead to an increased likelihood of exaggerating negatives and ignoring possibilities. We may eventually realise that the negative thought was partial or untrue but, by this time, we've already endured the anxiety and stress that it caused. Similarly, if we feel anxious, we tend to overestimate the chances of something bad happening, while also underestimating our ability to cope.

Here are five rules of thumb to limit catastrophising:

▶ **Don't exaggerate. Stay specific.**

One of the most common cognitive errors underlying catastrophic thinking involves exaggerating the effect of something negative, imagining that if one aspect of your life is going poorly, then your entire life is falling apart. All-or-nothing and black-and-white thinking are cousins to this mindset. When you engage in these types of thinking, it becomes less and less possible to salvage ways to be optimistic, because the whole of your perspective is being painted over with a negative brush. To change your way of thinking, start small: which aspects of your home, your daily routine, and your loved ones continue to bring you joy and comfort? Which pieces of your life still feel good to you? Which parts of your life feel safe, make you laugh, bring you pleasure, and keep you relaxed? Don't let those be tainted by thinking in overgeneralised terms.

▶ **Sleep.**

We all know that we feel worse when we are sleep-deprived: it often makes us more irritable and unable to think clearly. We may understand how this affects our interactions with others, but we often are less aware of how much it can distort all our thinking. There is evidence that sleep deprivation leads to becoming oversensitive to danger and risk, which stimulates our brains

to be even more risk-averse towards pain. It leads us to more negative interpretations of things and as a result we turn molehills into mountains.

▶ **Remember, thoughts do not define you.**

Often, part of what sets a downward spiral in motion is not just our negative thoughts ('The whole world has gone to pot!'), but the fact that we're also very upset about having those thoughts in the first place ('Why do I always think like this? What is wrong with me?'). This makes for something of a double-whammy. We all have thoughts that are disturbing at times, and if we acknowledge them simply as thoughts and let them pass, we are less likely to become mired in them. I sometimes think things won't ever change and even that the world is going mad. But that's usually because of the mood I'm in. Like any thought, it will go eventually. I don't have to be someone who always thinks that way. I can choose to sit with it for the moment then watch it go away.

▶ **Don't conflate the present (or the past) with the future.**

Hopelessness is often a product of depression separating those who feel that life is fundamentally worth it from those who struggle to maintain that belief. It's easy to assume that because things are a certain way now, they

will always be that way. Someone who has been sick for a long time may find it difficult to imagine how they'll feel when they are better. Psychologist Martin Seligman researched the idea of learned helplessness: when a person comes to believe that if they didn't have control over something at some point in the past, they will never have control over it – and shouldn't even bother to try. His recent books include *Learned Optimism* and *Authentic Happiness*; either is worth reading to get you thinking about well-being, happiness and resilience.

▶ **Get physical.**

Physical activities have been shown to help people reduce anxious distress in the moment. This, in part, is because they bring you into the present by helping you interact with your surroundings, which makes it harder to dwell on the past or the future. This could be getting some fresh air, chopping vegetables, going for a swim, feeling garden soil on your fingers, taking a deep breath, doing a particularly good round of stretching, taking a hot bath, hammering a nail, or feeling the soothing repetition of knitting or embroidery. If you can get to a park, see those individually changing leaves on that spectacular oak. Find whatever calms your mind, learn to value what is around you and genuinely appreciate life. You may benefit from activity-induced endorphin surges too.

THE ABC WORKSHEET (SAMPLE)

Activating Event Serious Pain Situation	**Beliefs** Automatic Reactions and Thoughts	**Consequences** Emotional, Physical and Behavioural
Tuesday morning Moved over in bed and had an agonisingly sharp hip pain followed by aching legs and back. Couldn't move for fifteen minutes.	Every movement means a pain so bad I don't think I can cope. Why me? What did I do to deserve this? I'm in for a miserable few days.	E: Made me cry. Frustrated and angry P: Legs are swollen and hot, shooting pains down my muscles/ tendons B: Don't move so I don't cause more pain
Tuesday afternoon Stayed in chair all morning. Any movement excruciating. Took largest dose of painkillers but little effect. Grandchildren visited.	It feels worse than being stuck. I sometimes think my life is over. I love my grandchildren but I wish they'd come next week. Don't want them to see granny screaming when the tablets wear off.	E: Close to the end of my tether P: Getting to the loo so difficult I wet myself. Whole body seems to throb and can't stand any noise B: Just cry all the time

THE ABC WORKSHEET (SAMPLE)

Activating Event Serious Pain Situation	**Beliefs** Automatic Reactions and Thoughts	**Consequences** Emotional, Physical and Behavioural

PAIN DIARY/TEMPLATE

Date & time	Pain score	Where pain is and how it feels (acute, sharp, throbbing, shooting, etc.)	What I was doing when it began	Name, time and amount of medicine taken	Non-drug techniques I tried	How long the pain lasted	Other notes
29/3/2006 7.30am	8	Sharp pains in left hip and lower back, taking my breath away	Going from bed to shower	None	Took a warm bath instead and did gentle stretching	1½ hours	Pain reduced to 3, increased to 5 during stretching, then down to 2 within 15 minutes

PLANNING YOUR APPROACH

The Pain Management Wheel shown on page 136, along with the questionnaires from the book and any ideas they have prompted, will help you to decide what your pain management approach needs to address and how urgently you need to work on it. Each aspect of pain management is identified in the circle, showing as different segments in a wheel. All the sections are important because, overall, the wheel can affect the thinking we described in Chapter 4 – increasing your sense of security and control and decreasing focus on risk and anxiety. The diagram also shows a wide variety of things you can do to help yourself.

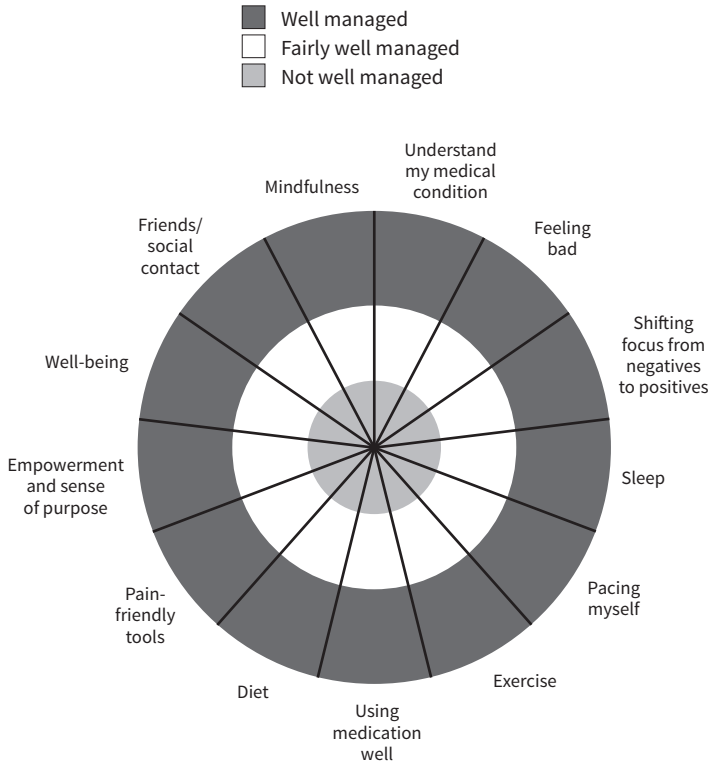
try it now

Completing the Pain Management Wheel

To help you begin thinking about your own plan, look at each segment of the circle in turn, starting at the top with 'Understand my medical condition'. You mark a cross in the relevant shaded area: a cross in the dark grey area suggests you are well informed, understand how and why your condition has been developing and are informed about options and new approaches. If you have never tried to find out more about the condition, relying instead upon what the doctor has prescribed, you might need a cross nearer the light grey area. If you've made some efforts, place a cross in the white area.

Now move on around the wheel, assessing how well managed each aspect of your life and condition is currently and where you think some effort might pay off for you.

Some of the areas of the wheel are designed to make you think quite hard before you can judge how well you are managing currently. There is more information about them in the following chapters. Remember, as you go around the wheel, that each section represents an important factor in how much you will experience pain and how much you can reduce or make it manageable.



THINK ABOUT IT

The first segment of the Pain Management Wheel asks, 'Do I really understand my medical condition?'

This segment asks you to think at two levels:

First, how much do you know about the medical issues you face?

(e.g. How is arthritis caused? What are the types and range of symptoms? What have other people done to cope with its effects? How does exercise help or hinder? How might the condition develop? What major risks do I face?)

Second, what do you know about your own personal condition?

(e.g. severity, likelihood of change, physical and psychological effects, recommended activity, aims of medication, timescales, risks)

Marking your cross:

Your cross should show both your understanding of the topic (in this case, your medical condition) and how you use that understanding to manage your pain.

For example, if you have suffered from arthritis for years, you might resort to painkillers first thing in the morning. Knowing more about your condition would tell you that stiffness and discomfort after sleeping are normal; many people use warm baths and gentle exercise upon waking, which helps general mobility and reduces pain levels over time. It stops you thinking that painkillers (palliatives which don't cure and can be harmful) are the only solution.

PERSONAL (PAIN MANAGEMENT) IMPROVEMENT GOALS

You could probably write an entire list of areas you might like to improve, but first you need to decide what is most important to you and not be too ambitious. Perhaps just being able to get a full night's sleep will be your starting point, eventually progressing to having enough energy to walk around a park. Once you get your pain under more control, you could consider adding other goals like getting out more, playing the piano, doing some gardening, joining an evening class or group, or swimming a few laps of the pool.

Progress may be slow and original goals may have to be adjusted from time to time to ones that are more realistic and attainable. That is to be expected and is perfectly okay. The main point is that you want to challenge yourself to improve and grow. Perhaps improvement for you is simply tying your own shoes or, on a day when you are feeling good, maybe it is walking in those shoes around the shops.

SMART goals are the most effective goals, and are most likely to help make your improvement plan a success. They are smart because they are written in a way that helps you to act and make your goals a reality. SMART goals are:

- **S**pecific: each goal must describe a specific action or step, like 'Walk to the shop' instead of 'Take a walk.'

- **M**easurable: each goal must have a specific way to evaluate it, so that you know when it has been reached, like 'Take twenty minutes to get there.'
- **A**ttainable: each goal must have your full and complete commitment behind it, like 'Walk to the shop the next time my pain allows me to go outside.'
- **R**ealistic: each goal must be possible for you to achieve, given any restrictions or limitations you may have, like 'Today my pain is worse, so I will take 45 minutes to get there.'
- **T**angible: each goal must have a reasonable target date for when you want or hope to achieve it, like 'In three months' time, I want to go shopping in the town centre, under my own steam.'

Here are some categories you can think about while making your own list of goals:

- ***Physical*** goals: getting back to the exercises and physical activities you love to do, like walking, jogging, cycling or going to the gym.
- ***Recreational*** goals: participating in your favourite hobbies and activities, such as gardening, going to the cinema or playing a sport.
- ***Recovery*** goals: if you have a history of alcohol or medication dependency, staying sober and/or reducing drug consumption may be one of your goals.

- ***Lifestyle*** goals: improving your health and outlook by quitting a habit like smoking, or by losing weight or getting regular sleep.
- ***Creative*** goals: getting your mind off your pain by painting, writing, playing a musical instrument or taking up a new hobby.

try it now

Natural Posture Test

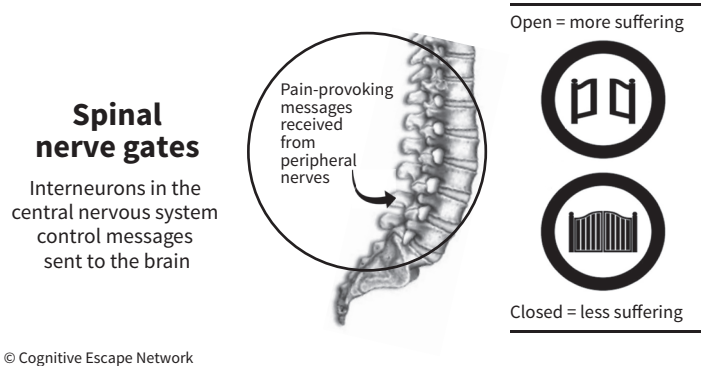
This is easiest performed in a chair.

1. Sit in a chair comfortably. Your lower back should be in contact with the chair back, but keep your shoulders clear (i.e. don't lean back).
2. Slump as far forward as you can. Return to your starting position.
3. Arch your back as much as you can without experiencing pain. Return to your starting posture.
4. Now try to position yourself between your slumped and arched positions. This posture should be comfortable. If it is not, adjust your position, aiming to:
    a. Keep your head erect, if possible.
    b. Relax your shoulders, not 'shrugging' or elevating them.
    c. Keep your upper back as straight but relaxed as you can.

It is helpful, if possible, to have a friend or family member present to give you feedback on how they see your posture and to talk about the most comfortable position you found.

TRIGGERING PAIN GATES

We explored the idea of the pain or nerve gates sited in your spinal column in Chapter 4. Understanding how they work provides the basis for several ways of controlling pain, both when you fear it is coming and as you experience it.



First you need to know which factors open the pain gates, allowing your body to start registering pain. Pain control can start with trying to minimise how much or how frequently they open. Pain gate control involves:

- **Physical factors** (the extent of the injury or problem, too much or too little activity, the sensitivity of your nervous systems);
- **Emotional issues** (worry, tension, anxiety, anger, depression); and
- **Thinking issues** (focusing on the pain, boredom, lack of engagement, insecurity, negative perspectives and fear of risk).

If you recognise these characteristics in yourself, the projection neurons of your central nervous system will both

allow and encourage greater pain sensitivity and, in turn, you will learn to anticipate pain, thus increasing pain levels.

However, this can be corrected by triggering instead 'inhibitory' neurons, which close the gates and restrict the pain signals to the brain. This happens when the brain sends neurotransmitters to 'instruct' neurons in the central nervous system to act in particular ways. The factors which encourage this are similarly:

- **Physical factors** (application of heat or ice to the injury or problem site, massage, appropriate medication and an appropriate level of activity to promote healing);
- **Emotional factors** (avoiding excessive emotions, making time to focus on positive emotions – keeping a gratitude journal, for example – and managing stress properly); and
- **Thinking issues** (visualisation of relaxation, security and calm – images of gates closing promote this – full engagement in tasks which create happiness and well-being, using a pain management plan and sticking to it carefully, increased social activities, practising positive awareness and attitudes).

There are a variety of additional actions which have also been shown to affect the closure of pain gates, including:

- Taking responsibility for your own pain management.
- Healthy (anti-inflammatory) eating.
- Minimising drug use, excluding recreational drugs altogether, avoiding smoking and controlling alcohol consumption.
- Having people around you and engaging in situations which enable you to share thoughts and feelings.

try it now

Pain Gate Control Exercise

Record your answers to the following questions in your notebook and use it to help develop your pain management plan. The questions ask you to list some of the physical and mental factors that you are aware of when you are with or without pain. They are likely to illustrate thinking and emotional factors relevant for the pain gates to be open or closed.

What am I aware of, or what do I do, when I experience pain? (Pain gates open)

1. e.g. thinking about and dwelling on my discomfort
2. ……..
3. ……..
4. ……..

What am I aware of, or what do I do, when I am not in pain? (Pain gates closed)

1. e.g. being with friends, planning a shopping trip

2. ……..

3. ……..

4. ……..

Now, beginning at the top of your spine, visualise the pain gates at each of the vertebrae going down to the small of your back. Think of them as real, familiar gates you have seen or know well. Visualise the gatekeeper, the interneuron, slowly closing the gate, blocking the flow of signals designed to cause pain. Breathing deeply and exhaling slowly through pursed lips, try to visualise the flow of information from your nerves slowing down. As it does, allow the pain to drift away, fading until you can only just see it.

You can get more information about how to use pain gates either by approaching your doctor for access to a local pain clinic or by attending workshops run by clinicians specialising in pain management.

HEADACHE AND MIGRAINE

Comedian Spike Milligan's epitaph bears this Irish inscription: '*Dúirt mé leat go raibh mé breoite*' ('I told you I was sick!'). In case anyone mistakenly thinks that this book promotes the thought that 'pain is in your head – it can't be real', let me remind you: pain is generated and experienced by the brain, but that makes it no less real. The brain is reacting to information about the body

QUESTIONNAIRE 4: ASSESSING PAIN IN OLDER PEOPLE

Think about each of the areas described in these questions. Give a score for each area, then look at your overall assessment. It would be helpful if you then called on a clinician, describing exactly what has given rise to your concerns.

1. **Facial expressions**. Looking tense, frightened and grimacing has been shown to increase during movement, especially in those with cognitive impairment. Several facial actions characteristic of pain have been identified, including brow raising, brow lowering, cheek raising, eyelids tightening, nose wrinkling, lip corner pulling, chin raising, lip puckering, etc.

0	1	2	3
Absent	Mild	Moderate	Severe

2. **Negative vocalisation**. Changes can include aggression and withdrawal, and are particularly important to notice in cognitively impaired patients with severe communication problems who may be reticent or unable to report pain problems. Different patients have different vocalisations and pain behaviours, e.g. clutching painful areas, groaning, sighing, grunting, weeping or whimpering.

0	1	2	3
Absent	Mild	Moderate	Severe

3. **Body movement**. Clutching and rocking, guarding (abnormally stiff, rigid postures) and, to a lesser extent, bracing (maintaining a stationary position of the limbs) can be used to detect movement-exacerbated pain. Physiological change is also important, including temperature change, redness or flushing, pallor and sweating.

0	1	2	3
Absent	Mild	Moderate	Severe

4. **Changes in levels of activity** or types of things they do. Generally, pain will prompt people to do less and increase the amount of sitting, lying or manoeuvring they do. There are significant problems which stem from this: the tendency to avoid movement and exercise can make many conditions (such as arthritis) worse, and 'self-labelling' as ill enhances catastrophising (described in Chapter 6).

0	1	2	3
Absent	Mild	Moderate	Severe

5. **Changes in interpersonal interactions**, such as refusing to eat, an increase in confusion, withdrawal from interacting, greater volatility and other alterations to interactions with normal contacts.

0	1	2	3
Absent	Mild	Moderate	Severe

6. **Mental status changes**. Greater memory problems, confusion and the ability to use information may be a matter of degree for those with an existing dementia diagnosis; older people may have various patterns of talking, thinking or working out problems – any changes to these may help with understanding the levels of discomfort felt.

0	1	2	3
Absent	Mild	Moderate	Severe

Total _____