

DALLAS PAIN QUESTIONNAIRE

Objectives :

The Dallas Pain Questionnaire (DPQ), which is a 16-item visual analog tool was developed by Lawlis, McCoy, and Selby (appendix) for the purpose of evaluating subject's cognitions about the percentage that chronic pain affects four aspects of the patients' lives: 1) daily activities including pain and intensity, personal care, lifting, walking, sitting, standing, and sleeping; 2) work and leisure activities including social life, travelling, and vocational; 3) anxiety-depression and 4) social interest that includes interpersonal relationship, social support, and punishing responses.

Target population : Patients with low back pain

Method of use :

Each item contains its own visual analog scale. The scales are divided into five to eight small segments in which the subject is asked to mark an "X" which indicates where his or her pain impact falls on that continuum. The visual scales are anchored at the beginning with words such as "no pain" or "no influence of pain" and 0%, close to the middle "some," and at the end with "all the time" and 100% impact of pain. Similar words are used according to the item's information. One of the advantages of this time-efficient assessment and scoring procedure is that the DPQ's 16-item visual analog scale can be answered in 3 to 5 minutes, and it can be scored in 50 to 60 seconds or less.

It has been the authors' experiences that patients tend to note their pain perceptions in extreme ends of the continuum, either "none" or "terrible". For this reason, each continuum was anchored with segmented lines to better graduate pain levels. Also, using previous pilot studies, differential weighting of each segment accounted for variances of total scores; therefore, by applying different numbers of segments with respect to high predicting variables, the scoring could be done without complicating the process by multiplying each segment before summing. For example, "lifting interference" was weighted slightly more than "sleeping interference", and hence was segmented into six rather than five scoring weights.

Scoring of the four general factors is accomplished by assigning values for each item of 0 to the left-hand segment, 1 to the next segment, 2 to the next segment, and so on to the last segment. These individual ratings are summed and multiplied by a constant for a percentage of pain impact for that general area of life events. Items I through VII are summed and multiplied by 3 to obtain the percentage of pain impact on Daily Activities. Items VIII through X, XI through XIII, and XIV through XVI are each summed and multiplied by 5 to determine pain impacts for areas of Work/Leisure, Anxiety/Depression, and Social Activities, respectively. These overall percentages are graphed for a profile summary. These features were determined by pilot factor analyses and literature findings.

Validated languages : English, French

References :

Lawlis GF, Cuencas R, Selby D, McCoy CE. The development of Dallas pain questionnaire. *Spine* 1989; 14: 515-16.

Marty M, Blotman F, Avouac B, Rosenberg S, Valat JP. Validation of the French version of the Dallas pain questionnaire in chronic low back pain patients. *Rev Rhum Engl Ed*, 1998; 65 (5): 126-34.



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Section VIII: Social Life

How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc.)?

None _____ Some _____ No activities
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section IX: Traveling

How much does pain interfere with traveling in a car?

None _____ Some _____ I can't travel
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section X: Vocational

How much does pain interfere with your job?

None _____ Some _____ I can't work
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section XI: Anxiety/Mood

How much control do you feel that you have over demands made on you?

Total (no change) _____ Some _____
 None _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section XII: Emotional Control

How much control do you feel you have over your emotions?

Total (no change) _____ Some _____
 None _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section XIII: Depression

How depressed have you been since the onset of pain?

Not depressed _____ Overwhelmed by
 significantly _____ depression _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section XIV: Interpersonal Relationships

How much do you think your pain has changed your relationships with others?

Not changed _____ Drastically changed _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section XV: Social Support

How much support do you need from others to help you during this onset of pain (taking over chores, meals, etc)?

None needed _____ All the time _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section XVI: Punishing Response

How much do you think others express irritation, frustration or anger toward you because of your pain?

None _____ Some _____ All the time _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Name _____

Date _____ Date of Injury _____

Please read: This questionnaire has been designed to give your health care provider information as to how your pain affects your daily activities. Be sure that these are your answers. Do not ask someone else to complete this questionnaire for you. Please mark an "X" along the line that expresses your thoughts from 0-100 in each section.

Section I: Pain and Intensity

To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?

None _____ Some _____ All the time _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section II: Personal Care

How much does pain interfere with your personal care (getting out of bed, teeth brushing, dressing, etc)?

None(no pain) _____ Some _____ I can't get out of bed _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section III: Lifting

How much limitation do you notice in lifting?

None _____ Some _____ I can't lift anything _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section IV: Walking

Compared to how far you could walk before your injury or back trouble, how much does pain restrict walking now?

The same _____ Almost the same _____ Very little _____ I cannot walk _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section V: Sitting

Back pain limits my sitting in a chair to:

None _____ Some _____ I can't sit at all _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section VI: Standing

How much does pain interfere with your tolerance to stand for long periods?

None(same as before) _____ Some _____ I can't stand _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

Section VII: Sleeping

How much does pain interfere with your sleeping?

None(same as before) _____ Some _____ I can't sleep at all _____
 0% (_____ : _____ : _____ : _____ : _____ : _____ : _____) 100%

I-VIIx3= _____ VIII-Xx5= _____ XI-XIIIx5= _____ XIV-XVIx5= _____