

**BEHAVIORAL ASSESSMENT OF PAIN  
MEDICAL STABILITY QUICK SCREEN (MSQS)**

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ID#: \_\_\_\_\_

**1. Pain location count \_\_\_\_\_**

**(choose more than one if it applies):**

- |  |                                   |                                  |                                   |
|--|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> leg             | <input type="checkbox"/> head     | <input type="checkbox"/> foot    | <input type="checkbox"/> arm/hand |
| <input type="checkbox"/> low back        | <input type="checkbox"/> neck     | <input type="checkbox"/> jaw     | <input type="checkbox"/> knee     |
| <input type="checkbox"/> mid-back        | <input type="checkbox"/> shoulder | <input type="checkbox"/> chest   |                                   |
| <input type="checkbox"/> upper shoulders | <input type="checkbox"/> buttocks | <input type="checkbox"/> abdomen |                                   |

**2. Indicate your most significant pain**

**(choose only ONE location):**

- |                    |             |             |              |
|--------------------|-------------|-------------|--------------|
| 1. leg             | 5. head     | 9. foot     | 13. arm/hand |
| 2. low back        | 6. neck     | 10. jaw     | 14. knee     |
| 3. mid-back        | 7. shoulder | 11. chest   |              |
| 4. upper shoulders | 8. buttocks | 12. abdomen |              |

**3. I have experienced my pain for the following amount of time:**

- |                 |                   |                       |
|-----------------|-------------------|-----------------------|
| 1. 1 - 3 weeks  | 4. 8 - 11 months  | 7. 2 years to 3 years |
| 2. 1 - 3 months | 5. 12 - 18 months | 8. 4 years to 5 years |
| 3. 4 - 7 months | 6. 19 - 24 months | 9. 6 years or more    |

*Circle the number that corresponds to your level of agreement as of today:*

**4. I believe that I am in need of additional medical treatments (e.g., physical therapy, chiropractic treatment, trigger point injections, surgery, etc.) for my pain problem.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0    1    2    3    4    5    6    7    8    9    10

**5. I believe that I am in need of narcotic pain medication(s) (e.g., Lortab, Vicodin, Percocet, etc.) to deal with my pain problem.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0    1    2    3    4    5    6    7    8    9    10

**6. I believe that I am in need of additional medical/diagnostic tests (e.g., x-rays, MRI's CTscan, EMG, etc.) for my pain problem.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0    1    2    3    4    5    6    7    8    9    10

**7. Of all the medical, surgical, psychiatric, physical therapy or chiropractic treatments you have had for your pain, estimate the total amount of improvement you have received.**

0%    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

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**8. Even though my pain problem has not gone away, I believe that I have reached maximum medical improvement and do not need further medical treatment for my pain.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**9. For the past week, including today, I have felt sad and depressed for more days than not due to my pain problem and the physical limitations I have.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**10. For the past week, including today, I have felt nervous, tense, anxious and uptight due to my pain problem and the physical limitations I have.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**11. I have trouble falling and staying asleep due to my pain.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**12. If I exert myself physically, I am only asking for trouble since I could reinjure myself.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**13. I have accepted that nothing further can be done to eliminate my pain.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**14. I shouldn't have to suffer from this pain.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**15. I can get on with the business of living despite my pain.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

**16. I am much less physically active now than compared to before my pain problem began.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0      1      2      3      4      5      6      7      8      9      10

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**17. Over the past week, on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain, my pain at its WORST (highest) has been a . . .**

0    1    2    3    4    5    6    7    8    9    10

**18. Over the past week, on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain, my AVERAGE pain has been a . . .**

0    1    2    3    4    5    6    7    8    9    10

**19. Over the past week, on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain, my LEAST (lowest) pain has been a . . .**

0    1    2    3    4    5    6    7    8    9    10

ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU ARE OFF FROM WORK  
DUE TO YOUR PAIN PROBLEM.

**20. I believe that I am ready to return to work or begin some type of vocational rehabilitation.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0    1    2    3    4    5    6    7    8    9    10

**21. My employer wants me back to work even if I am not 100% able to do my original job.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0    1    2    3    4    5    6    7    8    9    10

**22. I liked my job and the tasks of my job.**

Strongly Disagree                      Somewhat Agree                      Strongly Agree  
0    1    2    3    4    5    6    7    8    9    10

*Please complete the following Demographic Section.*

**23. Sex:** 1. male    2. female

**24. Age:** \_\_\_\_\_

**25. Race:** 1. Black    2. White    3. Hispanic    4. Asian    5. American Indian    6. other

**26. Current marital status:**

- |  |                          |
|--|--------------------------|
| 1. never married                       | 4. divorced or separated |
| 2. married                             | 5. widowed               |
| 3. living with someone but not married |                          |

**27. Your highest educational level achieved:**

1. graduate or professional training (obtained degree)
2. college graduate (obtained degree)
3. partial college training
4. high school graduate
5. GED or trade-technical school graduate
6. partial high school (10th grade through partial 12th)
7. partial junior high school (7th grade through 9th grade)
8. elementary school (6th grade or less)