

BAP-MSQS

BEHAVIORAL ASSESSMENT OF PAIN

MEDICAL STABILITY QUICK SCREEN

Clinical Report
for
Your Clinic Name Here

Patient Name: SAMPLE REPORT

Patient ID#: 1234567

Age: 45

Gender: female

Race: White

Education: high school diploma

Marital Status: married

Time in Pain: 4 - 7 months

Administration Date: 01/01/00

Total Pain Locations: 3

Main Pain Location: low back

The patient is a 45 year old, married, White, female, who has a high school diploma. Three pain locations were reported with low back pain being the most significant pain. Pain has been experienced for 4 - 7 months.

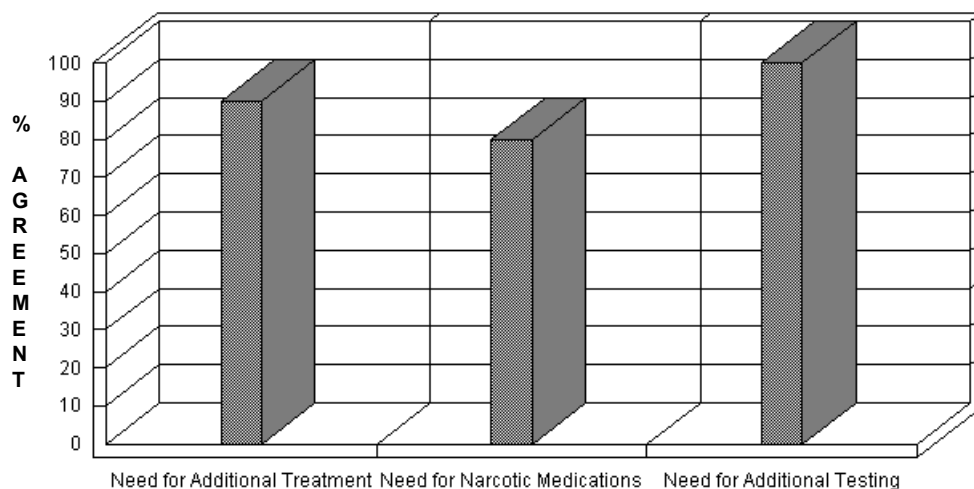
The Behavioral Assessment of Pain-Medical Stability Quick Screen was developed to provide a brief screen of information relevant to persons suffering from subacute and chronic pain related problems. The BAP-MSQS can be useful in identifying patient assets and potential obstacles for recovery in terms of behavioral, cognitive and psychosocial areas frequently seen in pain patients. In addition, the BAP-MSQS can identify problem areas where more comprehensive assessment might be needed and to assess patient progress in functional restoration/pain/work hardening programs. This clinical report is intended to be used by professionals who are trained or supervised in the appropriate uses and limitations of self-report questionnaires and who have experience working with patients with subacute and chronic benign pain.

Patient Assets and Potential Obstacles for Recovery

Medical Treatment and Interventions

- **Perceived Need For Additional Treatment (90% agreement)**
The patient's response suggests a high-perceived need for more medical treatment for her pain problem.
- **Perceived Need for Narcotic Medications (80% agreement)**
The patient's response suggests a high-perceived need for narcotic medication for her pain problem.
- **Perceived Need for Additional Diagnostic Testing (100% agreement)**
The patient's response suggests a high-perceived need for additional medical/diagnostic testing for her pain problem.

Perceived Medical Treatment Needs



Perceived Medical Treatment Needs

	Patient Mean Scores (0-10)	Normative Sample Means	
		MEAN	SD
Need For Additional Treatment	9	7.8	2.9
Need for Narcotic Medications	8	5.3	3.5
Need for Additional Diagnostic Testing	** 10	4.6	3.7

** +/- one standard deviation

Perceived Improvement and Estimation of Maximum Medical Improvement

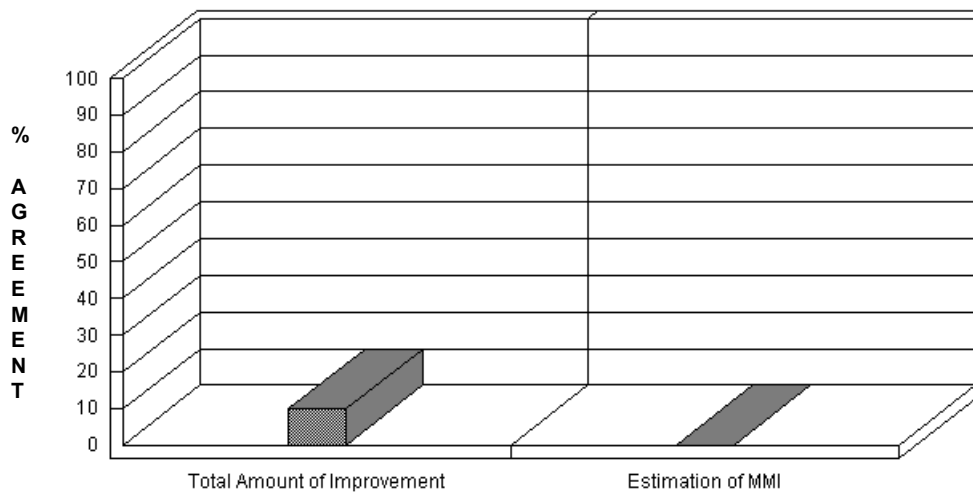
➤ Total amount of Improvement from Past Treatment (10% agreement)

The patient's response suggests minimal perceived improvement from all past medical treatment.

➤ Estimation of Maximum Medical Improvement (0% agreement)

The patient's response suggests that she does not believe she has reached maximum medical benefit from treatment and needs additional medical treatment.

Perceived Improvement and Estimation of MMI



Perceived Improvement and Estimation of Maximum Medical Improvement

	Patient Mean Scores (0-10)	Normative Sample Means	
		MEAN	SD
Total Amount of Improvement from Past Treatments	** 1	3.8	2.7
Estimation of Maximum Medical Improvement	0	2.2	2.4

** +/- one standard deviation

Mood/Sleep Related Problems

➤ **Estimated Level of Depression (80% agreement)**

The patient's response suggests high levels of perceived depression related to her pain problem.

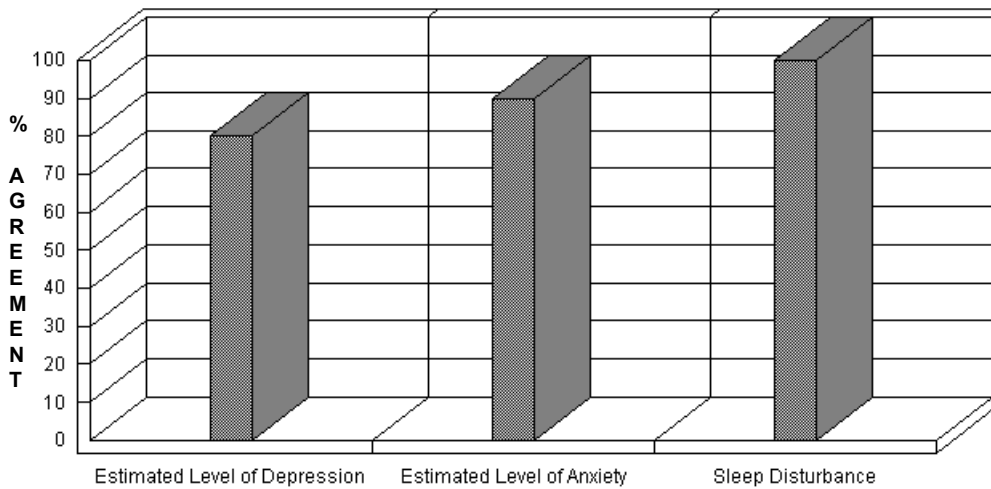
➤ **Estimated Level of Anxiety (90% agreement)**

The patient's response suggests high levels of tension, anxiety, and nervousness related to her pain problem and her physical limitations.

➤ **Sleep Disturbance (100% agreement)**

The patient's response suggests significant sleep disturbance due to pain.

Mood/Sleep Related Problems



Mood/Sleep Related Problems

	Patient Mean Scores (0-10)	Normative Sample Means	
		MEAN	SD
Estimated Level of Depression	8	5.3	3.5
Estimated Level of Anxiety	9	6.5	3.2
Sleep Disturbance	10	7.5	2.6

** +/- one standard deviation

Pain Beliefs

➤ **Fears of Reinjury (80% agreement)**

The patient's response suggests high fears of reinjury if she engages in physical activities.

➤ **Expectation for Cure (90% agreement)**

The patient's response suggests that she has not accepted that she may have pain for the rest of her life.

➤ **Entitlement (70% agreement)**

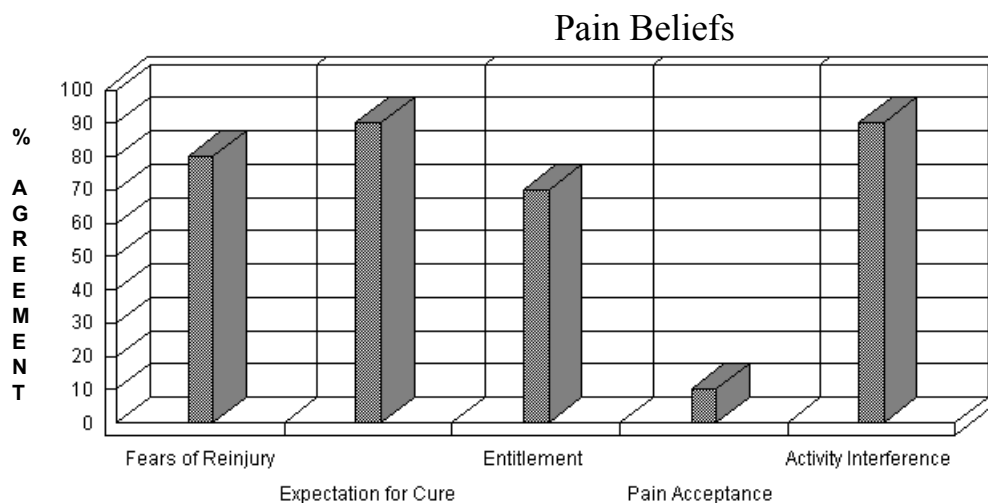
The patient's response suggests that she is moderately angry about having pain.

➤ **Pain Acceptance (10% agreement)**

The patient's response suggests that she does not believe that she can get on with the business of living as long as she has pain.

➤ **Activity Interference (90% agreement)**

The patient's response suggests significant reduction in physical activities due to pain.



Pain Beliefs

	Patient Mean Scores (0-10)	Normative Sample Means	
		MEAN	SD
Fears of Reinjury	8	7.6	2.6
Expectation for Cure	9	7.3	2.8
Entitlement	7	7.3	3.1
Pain Acceptance	1	3.7	3.2
Activity Interference	9	8.6	2.3

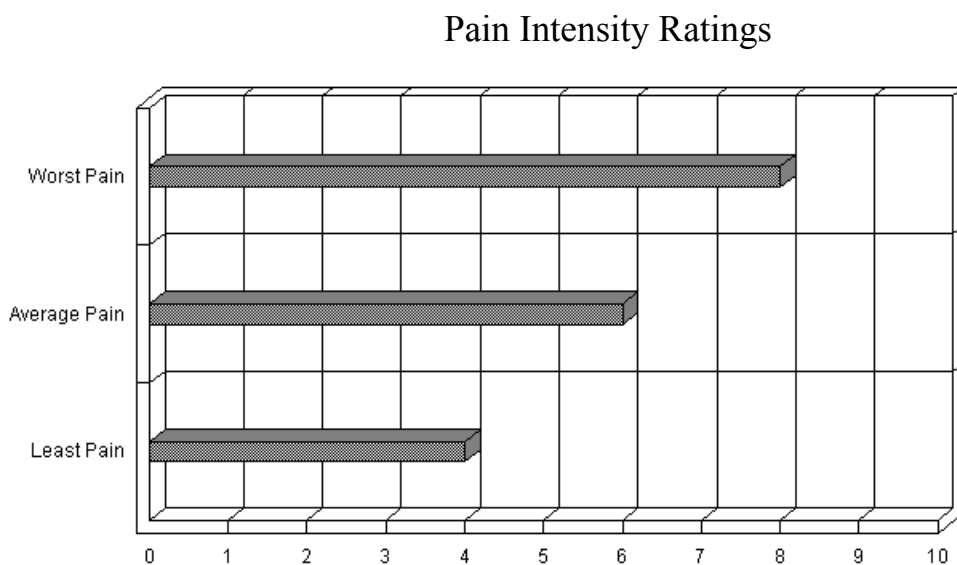
** +/- one standard deviation

Pain Intensity Ratings

➤ **Worst Pain (8)**

➤ **Average Pain (6)**

➤ **Least Pain (4)**



Pain Intensity Ratings

	Patient Mean Scores (0-10)	Normative Sample Means	
		MEAN	SD
Worst Pain	8	7.9	1.8
Average Pain	6	6.2	1.8
Least Pain	4	4.6	2.0

** +/- one standard deviation

Work Issues

➤ **Perceived ability to Return to Work/Vocational Rehabilitation (10% agreement)**

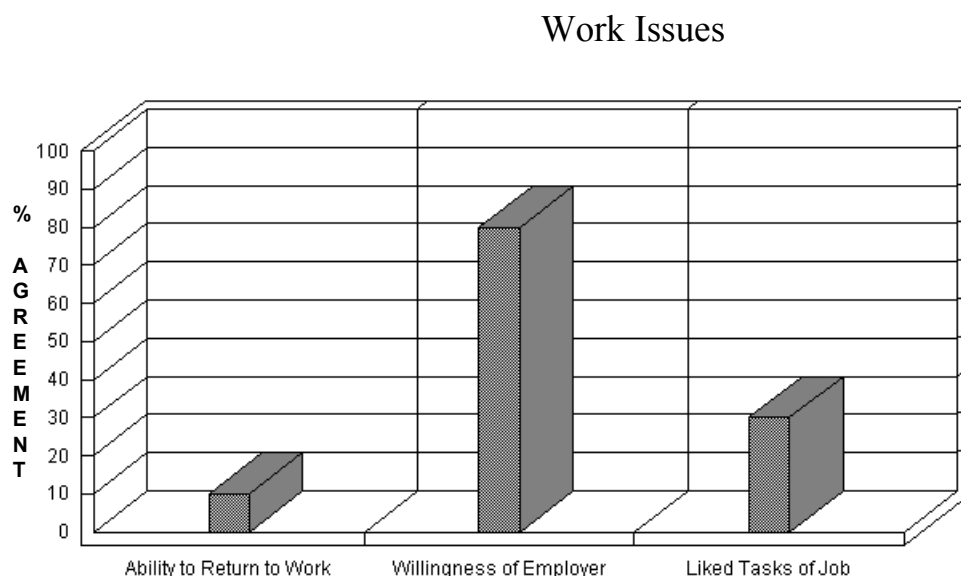
The patient's response suggests minimal confidence in her ability to return to work or begin vocational rehabilitation.

➤ **Perceived willingness of Employer to Take Back to Work (80% agreement)**

The patient's response suggests that she believes her employer would modify a job to take her back.

➤ **Liked Tasks of Job (30% agreement)**

The patient's response suggests that she moderately liked the tasks of her job.



Work Issues

	Patient Mean Scores (0-10)	Normative Sample Means	
		MEAN	SD
Perceived ability to Return to Work/VR	1	4.5	4.0
Perceived willingness of Employer to Take Back to Work **	8	3.3	3.6
Liked Tasks of Job	** 3	8.7	2.1

** +/- one standard deviation

BAP-MSQS Results

➤ Patient Assets Include:

Perception that her employer does want her back even if she is not 100%.
Education: high school diploma.

➤ Areas of Treatment Concern Include:

Perceived need for additional medical treatment.
Perceived need for narcotic medications.
Perceived need for additional diagnostic testing.
Low estimated improvement from past treatment.
Low estimation of maximum medical improvement.
High level of depression.
High level of tension, anxiety and nervousness.
Sleep problems.
Fear of reinjury.
High expectation for cure.
Low acceptance of pain.
High activity interference due to pain.
High 'average' pain intensity rating.
Low estimated ability to return to work or begin vocational rehabilitation.
Disliked tasks of job.
Time in pain: 4 - 7 months.

Validity Indicators for the BAP-MSQS

The patient appears to have completed the BAP-MSQS in an open and honest fashion.

➤ Pain intensity ratings are logical.

➤ No inconsistencies appear across Items

Answers:

Q1: 3	Q6: 10	Q11: 10	Q16: 9	Q21: 8	Q26: 2
Q2: 2	Q7: 10%	Q12: 8	Q17: 8	Q22: 3	Q27: 4
Q3: 3	Q8: 0	Q13: 1	Q18: 6	Q23: 2	
Q4: 9	Q9: 8	Q14: 7	Q19: 4	Q24: 45	
Q5: 8	Q10: 9	Q15: 1	Q20: 1	Q25: 2	