



AMA FORMAL PAIN EVALUATION QUESTIONNAIRE

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DOCTOR'S FORM (To be filled by the Referring Physician)

I	REASON FOR FORMAL PAIN ASSESSMENT (table 18-1 Pg 571 AMA Guide 5th)
<input type="checkbox"/>	Excessive pain for a Verifiable Condition
<input type="checkbox"/>	Pain Syndrome with out identifiable organ dysfunction
<input type="checkbox"/>	Other associated, non-predictable pain syndrome
<input type="checkbox"/>	Other (Please list): _____

II	PAIN RATABILITY	
All of the below must be true in order for the Pain to be Ratable		
	Yes	No
Does the individuals symptoms and/or physical findings match any known medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
Is the individual's presentation typical of the diagnosed condition?	<input type="checkbox"/>	<input type="checkbox"/>
Is the diagnosed condition one that is widely accepted by physicians as having a well defined pathophysiologic basis?	<input type="checkbox"/>	<input type="checkbox"/>

III	ASSESMENT OF PAIN BEHAVIOR	
Behavior (Please check what behavior the patient exhibits)		
Facial grimacing	<input type="checkbox"/>	
Holding or supporting the affected body area	<input type="checkbox"/>	
Frequent shifting of posture or position	<input type="checkbox"/>	
Extremely slow movements	<input type="checkbox"/>	
Limping or distorted gate	<input type="checkbox"/>	
Sitting with a rigid posture	<input type="checkbox"/>	
Moving in a guarded or protective fashion	<input type="checkbox"/>	
Moaning	<input type="checkbox"/>	
Using a cane, cervical collar or other device	<input type="checkbox"/>	
Stooping while walking	<input type="checkbox"/>	
Other: (Please Explain) _____	<input type="checkbox"/>	

IV	PAIN BEHAVIOR	
Based on the behavior above & knowledge of the diagnosis & organ dysfunction rate the pain behavior by giving them a score between:		
-10 <small>(behavior exaggerated)</small>	0 <small>(behavior mixed or ambiguous)</small>	+10 <small>(behavior appropriate for diagnosis& confirms physical findings)</small>
Behavior Score Given: _____		

V	CREDIBILITY	
Does the limitations that he individual describes and demonstrate accurately reflect the burden of illness he/she bears during activity?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the patients behavior, demeanor symptoms and exam findings correlate with the patients complaints?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the patients complaints consistent with anatomy and physiology?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Using the above questions as a general guide to rate the patient credibility.		
-10 <small>(low Credibility)</small>	0 <small>(behavior mixed or ambiguous)</small>	+10 <small>(high Credibility)</small>

In order for Pain Report to be performed please make sure all of the above answers are completed.