

# Indiana Polyclinic Combined Pain Scale

Rate your pain according to the following scale

		Examples	
0	No Pain	No pain	0
1	Unpleasant Sensation - An occasional uncomfortable feeling. Almost no limit to function	Mild skin irritation	1
2	Minimal - Pain frequently brought to one's attention but acceptable. Able to engage in pleasures of life with some interference. Causes to avoid rigorous activities.	Small bruise	2
3	Mild - Tolerable, but unsettling and on one's mind. Interferes with pleasures of life. Stops some productive activities.	Scraped knee, Jammed finger	3
4	Mild to Moderate - Only short intervals of comfortable function; sometimes interrupts Activities of Daily Living, such as bathing and clothing and regularly prevents involvement in many tasks outside of the home. Decrease in job performance.	Major bruise, Ankle sprain	4
5	Moderate - Pain constantly on one's mind; decrease in concentration, job performance and noticeably decreased enjoyment of life. Frequent missed work / time off. Cannot perform normal tasks without an increase in pain.	Moderate toothache, Headache for days	5
6	Moderate to Severe - Significant limitations of Activities of Daily Living; productive activity/work is nearly impossible. Hard to do anything, but think of pain and ER visit.	Day after major surgery pain	6
7	Severe - Difficulty doing more than basic chores; pain prevents productive activity. Frequent crying; pain is impossible to tolerate for long period of time without going to the ER.	Stabbed with a knife, Broken leg	7
8	Debilitating - Causes uncontrollable moaning and distress and completely impairs productive activity. Cannot be still, can't maintain a reasonable conversation. It is impossible to "put on a good face." Emergency medical attention is required.	Natural childbirth, Small kidney stone	8
9	Agonizing - Individual cannot function; uncontrolled screaming and tearfulness. Emergency medical attention is required and hospitalization is recommended.	Arm burning in a fire, Large kidney stone	9
10	Worst Imaginable - Paralyzing; person is in and out of consciousness and near death as a result of the pain. Emergency medical attention <i>and</i> hospitalization are required.	Being torn apart while still alive	10

# ***Indiana Polyclinic Combined Function Scale***

*How is your overall daily function impacted by your pain?*

- 0 **No Interference with Activity (Completely Independent)** - Can complete daily activities; work/volunteer daily; active participant in family/social life; active on weekends, normal quality of life, complete household & yard work
- 1 **Slightly Modified Activity** - Can take part in family and social life; can work/volunteer 8+hours daily; some weekend activity, complete household & yard work with increased fatigue but independent
- 2 **Minimal Limitations** - Can work/volunteer a few hours daily; active 5+ hours/day; can plan & keep 1-2 social events during evenings/weekends; can complete household/yard work with some strain, may need help w/ select activities
- 3 **Mild Limitations** - Can work in or out of home for few hours a week; active for 3-5 hours daily; can complete ADL's and household chores with help needed 15-25% of the time
- 4 **Mild to Moderate Limitations** - Can complete some more complex household tasks with help needed 30-45% of the time; Occasional missed work/volunteer; limited social activities
- 5 **Moderate Limitations** - Can leave the house only 1-2 times a week (unrelated to work or important appointments); can complete daily hygiene; can complete some daily household tasks with help needed half (50%) of the time
- 6 **Moderate to Severe Limitations** - Can complete only simple household tasks with help needed 60% of the time, unable to grocery shop; can talk to others on phone; can only leave house for important appointments/emergencies
- 7 **Severe Limitations** - In bed half the day almost every day; can get dressed, shower, watch TV, make phone calls & do minimal household tasks (needs help 70% of the time); leaves home only for emergencies, usually with assistance
- 8 **Severe to Maximal Limitations** - In bed more than half the day every day, some contact with others in the home; limited self-care activity (needs help 80% of the time); leaves home only for emergencies and only with assistance
- 9 **Maximal Limitations** - In bed most of the day every day; limited contact with others; minimal to no self-care activity (help needed 90% of the time), completely home bound
- 10 **Totally Dependent** - Unable to get out of bed all day every day; no self-care; no function possible without assistance

## Indiana Polyclinic Combined Depression Scale

- 0 No Depression - *Full enjoyment of life*
- 1 Unpleasant Feelings - Feeling sad when sad things happen; able to get things done during the day as normal; *almost normal enjoyment of life*
- 2 Minimal - Sadness is noticeable but short in duration; able to get things done with little effort; *normal life at times may not be quite as enjoyable as it once was*
- 3 Mild - Sadness may occur but less than half the day; mild change in concentration/sleep; able to get things done with increased effort; *frequently normal life may not be enjoyable as it once was*
- 4 Mild to Moderate - Feels sad more than half the day; some noticeable changes in concentration, sleep and appetite; may need some help completing normal activities of daily living such as chores at home; *others may notice a decrease in your joy of life*
- 5 Moderate - Feels sad most of the day; has decrease in concentration, happiness and activity that is noticed by others; withdrawal from activities and friends; takes effort to complete activities such as chores at home; *it takes an additional effort to enjoy most things*
- 6 Moderate to Severe - Feels sad all day; significant changes in sleep, concentration and appetite; feelings of hopelessness and guilt; little desire to complete activities; takes significant effort to complete any task; starting to feel like giving up; *feels like most joy is gone and there is nothing pleasant to look forward to*
- 7 Severe - Constant sadness; frequent crying or feeling completely numb; inability to concentrate on simplest of tasks; rare social connections; limited effort put forth for activities; *actively avoids things that were once enjoyable*; occasional thoughts of not wanting to live
- 8 Debilitating - Severe sadness, worthlessness, guilt all day every day; uncontrolled crying and numbness; loss of most hope; sleeps much of day or rarely sleeps; *almost no effort made to enjoy life*; frequent thoughts of dying
- 9 Agonizing - Unable to function; sleeps all day or can't sleep at all; no hope; limited communication with others; complete numbness; *life is completely joyless*; constant thoughts of not wanting to live with a plan to end life. Hospitalization is required.
- 10 Worst Imaginable - Only thought is to end life (with intent and plan); no functioning; no communication; *what once brought joy is now torture*; others insist on taking individual to hospital or calling 911. Hospitalization is required.

# *Indiana Polyclinic Combined Anxiety Scale*

- 0 No Anxiety
- 1 Unpleasant Feelings - Occasional worry/nervousness; normal for the situation
- 2 Minimal - Worry/nervousness is noticeable but short in duration; able to get things done with little effort
- 3 Mild - Worry/nervousness less than half the day; mild change in concentration/sleep; uncomfortable physical sensations like stomach ache; able to get things done with extra effort
- 4 Mild to Moderate - Worry/nervousness more than half the day; mild to moderate change in sleep and appetite; increase in fatigue, upset stomach, tension; more effort to concentrate and complete activities
- 5 Moderate - Worry/nervousness most of the day; decrease in concentration noticed by others; feeling tension, fatigue, headaches; takes greater effort to complete activities; avoids some social situations
- 6 Moderate to Severe - Worry/nervousness all day; significant change in sleep, appetite, concentration; very restless and/or nauseous; feeling panicky; avoids much activity due to discomfort and lack of focus
- 7 Severe - Constant worry/nervousness; constant tension, nausea, difficulty breathing on occasion; unable to concentrate on simple tasks; limited contact with others; almost complete avoidance of activity; occasional thoughts of not wanting to live
- 8 Debilitating - Severe worry/nervousness all day every day; severe stomach pain, headaches, tension; panic attacks almost daily; skin crawling; complete avoidance of activity and others; frequent thoughts of not living
- 9 Agonizing - Unable to function; doesn't leave house; feeling completely paralyzed; unwanted/obsessive thoughts that will not stop; multiple panic attacks daily; constant thoughts of not living with a plan to end life. Hospitalization is required.
- 10 Worst Imaginable - Only thought is to end life (with intent and plan); no functioning; no communication; others insist on taking individual to hospital or calling 911. Hospitalization is required.

## Indiana Polyclinic STAR Evaluation\*

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MR#: \_\_\_\_\_

### *In regards to the last 12 months...*

1. Have you felt depressed or anxious?	YES	NO	3
2. Have you noticed frequent mood swings?	YES	NO	2
3. Have you been unemployed?	YES	NO	1
4. Have you smoked cigarettes?	YES	NO	2
5. Have you felt that you smoke too much?	YES	NO	3
6. Have you drank more than three alcohol drinks per day most days?	YES	NO	4
7. Have you used recreational drugs?	YES	NO	4
8. Have you been treated for drug or alcohol problems?	YES	NO	4
9. Have you received pain medications from more than one doctor?	YES	NO	4
10. Have you been to more than one pain doctor or clinic?	YES	NO	1
11. Have you visited an emergency room for pain treatment?	YES	NO	2
12. Has anyone in your family (in or out of your home) had problems with drug or substance abuse?	YES	NO	3
13. Has there been any physical, sexual, or emotional abuse in your household?	YES	NO	2
14. Have you taken or borrowed prescription medication not prescribed to you?	YES	NO	4
15. Have you been arrested or had legal problems related to drugs or alcohol?	YES	NO	4

Total Score: \_\_\_\_\_

Key: 3, 10 = 1      2, 4, 11, 14 = 2      1, 5, 12, 13 = 3      6, 7, 8, 9, 15, 16 = 4

\*This evaluation has been modified from its original form. It is based on the "STAR" evaluation ©2003 EBSCO Publishing. Reprinted with permission for use in clinical practice Robert Friedman, MD, FACP, Victor Li, MD, and Deepak Mehrotra, MD. Department of Anesthesiology and Pain Medicine, Temple University Hospital, Philadelphia, Pennsylvania.

# Indiana Polyclinic STAR Evaluation\*

## Clinical Interpretation:

- High Risk (15+)
- Moderate Risk (7-14)
- Low Risk (0-6)

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## Plan:

- Maintain Current Tx Plan
- Modify Tx Plan (list below)
- Refer to Outside Agency (i.e. inpatient treatment, IOP)
- Other:

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Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Date: \_\_\_\_\_