

HRS 2010: Module 6
Pain

V000 BRANCHPOINT: IF THIS IS NOT A SELF-RESPONDENT (A009/A155 NOT 1), GO TO END OF MODULES

IF R IS ASSIGNED TO MODULE 6 (X009=6), CONTINUE ON TO V000

OTHERWISE, GO TO V000 BRANCHPOINT FOR MODULE 7

V000_ModuleIntro

Although we have finished the interview, we would like to ask you a few new questions. Some questions may be similar to questions we have already asked you, but the researchers are interested in how people respond when the questions are changed just a little.

IWER: If R refused before starting a module, ENTER 9. If R started to do a module and then changed his/her mind, ENTER 99

- | | |
|-------------------------------------|----------------------|
| 1. R is willing | |
| 9. R refused at Module Intro | GO TO END OF MODULES |
| 99. R refused after starting Module | GO TO END OF MODULES |

<V251>

V251_IfPain

If pain episode of 1 week or longer

Many people experience pain. During the past year, have you experienced pain that lasted for one week or longer?

1. Yes
5. No → Go to V283
8. DK
9. RF → Go to V283

<V253>

V253_Intro

If you have had more than one week-long or longer episode of pain in the past year, please think about the one that was most severe. The remaining questions will be about that episode of pain.

1. Continue

<V254>

V254_length

Length of most severe pain episode

About how long did that episode of pain last? Would you say less than 1 month, 2 to 3 months, 4 to 6 months, 7 months to 1 year, or more than 1 year?

1. less than 1 month
2. 2 to 3 months
3. 4 to 6 months
4. 7 months to 1 year
5. More than 1 year

8. DK
9. RF

<V256>

V256_Cause

Causes of pain

(multiple mention)

There are many different causes of pain. What was the main cause of that pain episode?

Were there any other causes?

IWER: If the respondent starts talking about other pain episodes, bring their focus back onto the most severe week-long or longer episode.

IWER: Check all that apply.

1. Accident or injury
2. Illness, organic or degenerative disorder (e.g. arthritis, osteoporosis)
3. Surgery
4. Medical treatment (chemotherapy or radiation therapy)
5. Cancer
7. Other
8. DK
9. RF

<V257>

V257_Constant

If pain is-was constant

During that episode of pain, did you experience pain nearly all the time?

1. Yes
5. No
8. DK
9. RF

<V258>

V258_Flares

If pain flares

During that episode of pain, did you have pain flare-ups when normally you had no pain or milder pain?

1. Yes
5. No
8. DK
9. RF

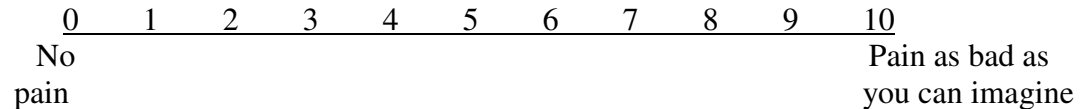
<V259>

V259_RateWorst

0 to 10 rating of worst pain

We are interested in how much pain you were in during that episode of pain.

Think of a scale from 0 to 10, where 0 is no pain and 10 is the worst pain you can imagine. When you were experiencing that pain episode, how would you rate your pain at its worst?

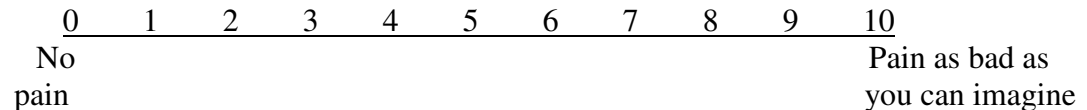


<V260>

V260_RateLeast

0 to 10 rating of least pain

Using the same 0 to 10 scale, (where 0 is no pain and 10 is the worst pain you can imagine) how would you rate your pain at its least?



<V261>

V261_RateAvrg

0 to 10 rating of average pain

(Using the same 0 to 10 scale) how would you rate your on average?

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as
pain you can imagine

<V263>

V263_Home

0 to 10 rating of impact on family-home

Again, think about that most severe episode of pain. We want to know how much that pain prevented you from doing your normal, everyday activities. Your rating should reflect the overall impact of your pain episode, not just when the pain was at its worst.

First, on a scale of 0 to 10, where 0 is no disability, and 10 is total disability, overall how did that pain affect your family and home responsibilities, such as chores and duties performed around the house and yard, or errands or favors for other family members?

0 1 2 3 4 5 6 7 8 9 10
No Disability Total Disability

<V264>

V264_Recreation

0 to 10 rating of impact on Recreation

On the same 0 to 10 scale, (where 0 is no disability, and 10 is total disability,) how did that pain affect your recreation activities?

DEF: This category includes hobbies, sports, and other similar leisure time activities.

0 1 2 3 4 5 6 7 8 9 10
No Disability Total Disability

<V265>

V265_Social

0 to 10 rating of impact on Social

(On the same 0 to 10 scale,) how did that pain affect your social activities?

DEF: This refers to activities which involve participation with friends and acquaintances other than family members. It includes parties, theaters, concerts, dining out, and other social functions.

0 1 2 3 4 5 6 7 8 9 10
No Disability Total Disability

<V266>

V266_Work

0 to 10 rating of impact on Work

(On the same 0 to 10 scale, how did that pain affect) your occupation, or your ability to do paid and non-paid work both in and outside the home?

0 1 2 3 4 5 6 7 8 9 10
No Disability Total Disability

<V267>

V267_Sexual

0 to 10 rating of impact on sex life

(On the same 0 to 10 scale, how did that pain affect) your sexual behavior?

DEF: This category refers to the frequency and quality of your sex life.

0 1 2 3 4 5 6 7 8 9 10
No Disability Total Disability

<v268>

V268_BasicADL

0 to 10 rating of impact on Basic ADLs

(On the same 0 to 10 scale, how did that pain affect) your ability to do the basic things for yourself such as taking a shower, fixing a meal, getting dressed, or driving?

0 1 2 3 4 5 6 7 8 9 10
No Disability Total Disability

<V269>

V269_Essential

0 to 10 rating of impact on Essential

(On the same 0 to 10 scale, how did that pain affect) your ability to do essential activities, like eating, sleeping or breathing?

0 1 2 3 4 5 6 7 8 9 10
No Disability Total Disability

<V271>

V271_Sleeping

If difficulty sleeping due to pain

There are many different ways that pain causes difficulties for people. (Again, please think about your most severe episode of pain.)

Due to your pain did you have difficulty falling or staying asleep?

1. Yes
5. No
8. DK
9. RF

<V273>

V273_ExtremeFin

If interfered with paying for needs

(Due to your pain) did you have financial difficulty such that it interfered with your ability to pay for things you need?

1. Yes
5. No
8. DK
9. RF

<V274>

V274_CountrMeds

Take over-the-counter meds due to pain

There are many different ways to manage and reduce pain. During that pain episode, did you do any of the following to reduce or manage your pain?

(Did you) take over-the-counter medicines like aspirin, tylenol or ibuprofen?

1. Yes
5. No
8. DK
9. RF

<V275>

V275_Doctor

Go to Doctor due to pain

(Did you) you go to your regular physician or health provider for your pain?

1. Yes
5. No
8. DK
9. RF

<V276>

V276_Alternative

Try alternative therapies due to pain

(Did you) try massage, acupuncture, chiropractic, or other alternative therapies?

1. Yes
5. No
8. DK
9. RF

<V277>

V277_GoToER

Go to Emergency Room due to pain

(Did you) go to an emergency room because of pain?

1. Yes
5. No
8. DK
9. RF

<V280>

V280_Prescription

Take prescription meds due to pain

(Did you) take prescription pain medications?

1. Yes
5. No → Go To End of Module
8. DK → Go To End of Module
9. RF → Go To End of Module

<V282>

V282_ProblemFill

If difficult to fill prescription for pain

Did you experience any difficulty getting your prescription pain medication filled?

1. Yes
5. No
8. DK
9. RF

V283 BRANCHPOINT: If R DID NOT SAY "NO" OR "RF" AT V251 (V251 NOT NO AND NOT RF),
GO TO end of Module

<V283>

V283_Closing

Closing statement for Rs skipped out

Thank you very much for your willingness to answer these questions. For this part of our research we are only interested in pain episodes that have lasted a week or longer.

1. Continue

****** END OF MODULE ******