WEST HAVEN-YALE MULTIDIMENSIONAL PAIN INVENTORY
Kerns, Turk & Rudy (1985)

BEFORE YOU BEGIN, PLEASE ANSWER 2 PRE-EVALUATION QUESTIONS BELOW:

1. Some of the questions in this questionnaire refer to your “significant other”. A significant other is a person with whom you feel closest. This includes anyone that you relate to on a regular or infrequent basis. It is very important that you identify someone as your “significant other”. Please indicate below who your significant other is (check one):

☐ Spouse  ☐ Partner/Companion  ☐ Housemate/Roomate
☐ Friend  ☐ Neighbor  ☐ Parent/Child/Other relative
☐ Other (please describe):

2. Do you currently live with this person? ☐ YES  ☐ NO

When you answer questions in the following pages about “your significant other”, always respond in reference to the specific person you just indicated above.

A.

In the following 20 questions, you will be asked to describe your pain and how it affects your life. Under each question is a scale to record your answer. Read each question carefully and then circle a number on the scale under that question to indicate how that specific question applies to you.

1. Rate the level of your pain at the present moment.

0 1 2 3 4 5 6
No pain       Very intense pain

2. In general, how much does your pain problem interfere with your day to day activities?

0 1 2 3 4 5 6
No interference       Extreme interference

3. Since the time you developed a pain problem, how much has your pain changed your ability to work?

0 1 2 3 4 5 6
No change       Extreme change
___ Check here, if you have retired for reasons other than your pain problem

4. How much has your pain changed the amount of satisfaction or enjoyment you get from participating in social and recreational activities?
5. How supportive or helpful is your spouse (significant other) to you in relation to your pain?

   0 1 2 3 4 5 6
   Not at all supportive       Extremely supportive

6. Rate your overall mood during the past week.

   0 1 2 3 4 5 6
   Extremely low mood     Extremely high mood

7. On the average, how severe has your pain been during the last week?

   0 1 2 3 4 5 6
   Not at all severe      Extremely severe

8. How much has your pain changed your ability to participate in recreational and other social activities?

   0 1 2 3 4 5 6
   No change                  Extreme change

9. How much has your pain changed the amount of satisfaction you get from family-related activities?

   0 1 2 3 4 5 6
   No change                  Extreme change

10. How worried is your spouse (significant other) about you in relation to your pain problem?

    0 1 2 3 4 5 6
    Not at all worried       Extremely worried

11. During the past week, how much control do you feel that you have had over your life?

    0 1 2 3 4 5 6
    Not at all in control    Extremely in control

12. How much suffering do you experience because of your pain?

    0 1 2 3 4 5 6
    No suffering             Extreme suffering

13. How much has your pain changed your marriage and other family relationships?

    0 1 2 3 4 5 6
14. How much has your pain changed the amount of satisfaction or enjoyment you get from work?

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<tr>
<td>No change</td>
<td>Extreme change</td>
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__ Check here, if you are not presently working. 

15. How attentive is your spouse (significant other) to your pain problem?

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<tr>
<td>Not at all attentive</td>
<td>Extremely attentive</td>
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16. During the past week, how much do you feel that you’ve been able to deal with your problems?

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<tr>
<td>Not at all</td>
<td>Extremely well</td>
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17. How much has your pain changed your ability to do household chores?

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<td>No change</td>
<td>Extreme change</td>
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18. During the past week, how irritable have you been?

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<tbody>
<tr>
<td>Not at all irritable</td>
<td>Extremely irritable</td>
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19. How much has your pain changed your friendships with people other than your family?

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<tr>
<td>No change</td>
<td>Extreme change</td>
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20. During the past week, how tense or anxious have you been?

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<tbody>
<tr>
<td>Not at all tense or anxious</td>
<td>Extremely tense or anxious</td>
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In this section, we are interested in knowing how your significant other (this refers to the person you indicated above) responds to you when he or she knows that you are in pain. On the scale listed below each question, circle a number to indicate how often your significant other generally responds to you in that particular way when you are in pain.

1. Ignores me.

   0 1 2 3 4 5 6
   Never Very often

2. Asks me what he/she can do to help.

   0 1 2 3 4 5 6
   Never Very often

3. Reads to me.

   0 1 2 3 4 5 6
   Never Very often

4. Expresses irritation at me.

   0 1 2 3 4 5 6
   Never Very often

5. Takes over my jobs or duties.

   0 1 2 3 4 5 6
   Never Very often

6. Talks to me about something else to take my mind off the pain.

   0 1 2 3 4 5 6
   Never Very often

7. Expresses frustration at me.

   0 1 2 3 4 5 6
   Never Very often

8. Tries to get me to rest.

   0 1 2 3 4 5 6
   Never Very often

9. Tries to involve me in some activity
C.
Listed below are 18 common daily activities. Please indicate how often you do each of these activities by circling a number on the scale listed below each activity. Please complete all 18 questions.

1. Wash dishes.
   Never
   
   0 1 2 3 4 5 6
   Very often

2. Mow the lawn.
   Never
   
   0 1 2 3 4 5 6
   Very often

3. Go out to eat.
   Never
   
   0 1 2 3 4 5 6
   Very often
4. Play cards or other games.

Never

5. Go grocery shopping.

Never

6. Work in the garden.

Never

7. Go to a movie.

Never

8. Visit friends.

Never

9. Help with the house cleaning.

Never

10. Work on the car.

Never

11. Take a ride in a car.

Never

12. Visit relatives.

Never

13. Prepare a meal.

Never

14. Wash the car.
15. Take a trip.

16. Go to a park or beach.

17. Do a load of laundry.

18. Work on a needed house repair.

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