

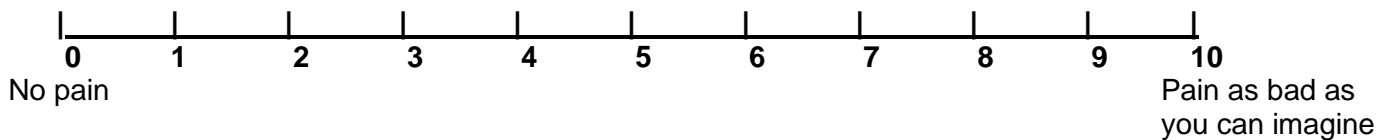


The Overactivity in Persistent Pain Assessment (OPPA)

Date:

1. Please rate your pain by circling the one number that best describes the following:

Average pain rating over the past week



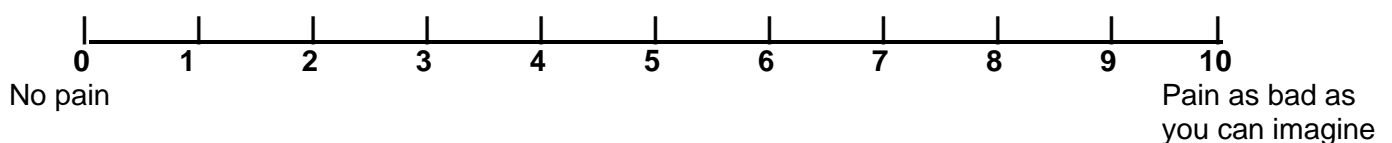
2. Do you ever do too much or spend too much time on some activities and experience increased pain later? Yes *(Please complete the remainder of the questionnaire)*

No *(You do not need to complete the rest of the questions)*

3. How often do you aggravate (e.g. worsen) your pain by doing too much?

- Less than once a month
- Once a month
- A couple of times a month
- At least once a week
- A couple of times a week

4. Please rate typically how much pain you are in after you have done too much?



5. What are you normally like after you have done too much (please select only one response)?

- I find it is a bit more difficult to complete my everyday activities but I am able to push through and do them the same way I normally do
- I find it is a lot harder to complete my everyday activities and I need to change the way I do some activities
- I can't do all my daily activities but I can do some easy activities or easier parts of the activities
- I find it difficult to even do easy activities and need to rest either in an armchair or in bed
- I find it extremely difficult to move and need assistance with basic activities such as going to the toilet and showering

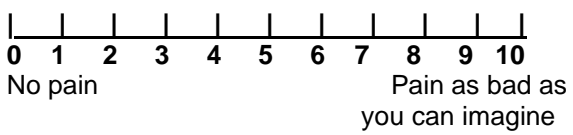
6. How long does it normally take you to recover after you have done too much?

- An hour or less
- A couple of hours
- A day
- Two days
- Three or more days

7. Please indicate if you ever do any of the following after you have done too much?

- Take more of my prescribed pain medication
- Use other drugs to cope with my pain including alcohol
- Present to the emergency department

The Overactivity in Persistent Pain Assessment (OPPA) - Scoring

Item/responses	Scoring
<p>2. Do you ever do too much or spend too much time on some activities and experience increased pain later?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Yes=Total score from items 3-7</p> <p>No= Score items 3, 5, 6 and 7 as 0. Score item 4 as average pain from item 1 divided by 2.</p>
<p>3. How often do you aggravate (e.g. worsen) your pain by doing too much?</p> <p><input type="checkbox"/> Less than once a month</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> A couple of times a month</p> <p><input type="checkbox"/> At least once a week</p> <p><input type="checkbox"/> A couple of times a week</p>	<p>0 – 5 scale</p> <p>First statement=1</p> <p>Last statement=5</p>
<p>4. Please rate typically how much pain you are in after you have done too much?</p> 	<p>Score as response divided by 2</p>
<p>5. What are you normally like after you have done too much?</p> <p><input type="checkbox"/> I find it is a bit more difficult to complete my everyday activities but I am able to push through and do them the same way I normally do</p> <p><input type="checkbox"/> I find it is a lot harder to complete my everyday activities and I need to change the way I do some activities</p> <p><input type="checkbox"/> I can't do all my daily activities but I can do some easy activities or easier parts of the activities</p> <p><input type="checkbox"/> I find it difficult to even do easy activities and need to rest either in an armchair or in bed</p> <p><input type="checkbox"/> I find it extremely difficult to move and need assistance with basic activities such as going to the toilet and showering</p>	<p>0 – 5 scale</p> <p>First statement =1</p> <p>Last statement =5</p>
<p>6. How long does it normally take you to recover after you have done too much?</p> <p><input type="checkbox"/> An hour or less</p> <p><input type="checkbox"/> A couple of hours</p> <p><input type="checkbox"/> A day</p> <p><input type="checkbox"/> Two days</p> <p><input type="checkbox"/> Three or more days</p>	<p>0 – 5 scale</p> <p>First statement=1</p> <p>Last statement=5</p>
<p>7. Please indicate if you ever do any of the following after you have done too much?</p> <p><input type="checkbox"/> Take more of my prescribed pain medication</p> <p><input type="checkbox"/> Use other drugs to cope with my pain including alcohol</p> <p><input type="checkbox"/> Present to the emergency department</p>	<p>Add values from all responses</p> <p>Medication=2</p> <p>Other drugs =2</p> <p>Present to emergency=1</p>