

PDR-SF

Pain Disability Report-Short Form

Patient: Prince Charming

SSN: 667-90-8876

Date of Birth: 01/01/1930

Sex: male

Date Tested: 08/03/2012

Reviewed by: Blake Tearnan, PhD

The patient was administered the Pain Disability Report-Short Form (PDR-SF) to evaluate his/her level of pain-related disability. Disability refers to changes in a patient's ability to engage in activities and experience a wide range of behaviors, mood states, and thoughts as the result of some physically impairing condition such as persistent pain.

Disability and physical impairment are often weakly associated, especially in patients with chronic conditions. Therefore, a more precise and independent understanding of the patient's level of disability is important.

The PDR-SF should be viewed as a component of a comprehensive assessment protocol and cannot be judged definitively. The results of the PDR-SF need to be combined with additional data drawn from the clinical interview and other assessment devices.

The PDR-SF should be used as an initial screening instrument to assist in treatment planning and to measure treatment progress and outcome.

PDR-SF - Pain Disability Report-Short Form

by

Blake H. Tearnan, Ph.D.

The Pain Disability Report-Short Form (PDR-SF) is part of the Pain Assessment Series
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HealthNetSolutions.com
4790 Caughlin Parkway Ste. 160
Reno, NV 89509
Phone: (888) 286-9302
Fax: (866) 476-4317
Email: hnsassessment@gmail.com
Website: www.healthnetsolutions.com

PDR-SF EXECUTIVE SUMMARY

Patient: Prince Charming
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 Gender: male

Background Information

Scales	Patient's Raw Score	Clinical Reference Group Mean	Patient's T-Score	Range
Validity Scales-SF				
Similar Item Reliability	9.00	8.34	54.66	Mod.
Invariability	60.87	39.46	59.35	Mod.
Neutrality	7.00	21.47	39.99	Low
Pain Disability Maximization	75.00	59.11	57.88	Mod.
Disability Index				
Overall Disability Index	240.00	190.33	57.65	Mod.
Activity Scales				
Specific Activity Interference*	117.00	115.66	50.40	Mod.
Activity Avoidance	12.00	11.59	51.41	Mod.
General Activity Limitation	24.00	17.90	58.77	Mod.
Recreational Activity Limitation	10.00	9.48	51.34	Mod.
*PDR-SF Categories of Specific Activity Interference				
Flexibility Interference	48.00	42.91	53.98	Mod.
Lifting Interference	7.00	6.05	56.73	Mod.
Lower Limb Interference	34.00	30.84	53.29	Mod.
Personal Care Activity Interference	10.00	7.57	55.84	Mod.
Sitting Interference	6.00	4.94	55.60	Mod.
Standing Interference	6.00	5.29	53.87	Mod.
Upper Limb Interference	8.00	13.43	42.22	Mod.
Walking Interference	11.00	10.08	52.55	Mod.
Unproductive Beliefs				
Degradation	12.00	9.73	55.88	Mod.
Dissonance	19.00	10.89	63.01	High
Psychological Distress				

Pain Expression	7.00	14.08	35.94	Low
Anxiety	25.00	14.35	64.01	High
Depression	24.00	19.70	54.97	Mod.
Future Despair	16.00	10.33	59.29	Mod.
Responsibilities				
Problems in Carrying out Home Responsibilities	13.00	7.85	63.66	High
Problems in Work Productivity	12.00	8.59	58.16	Mod.
Social Scales				
Decline in Role Status	24.00	15.28	61.72	High
Relationship Dissatisfaction	2.00	6.67	39.69	Low
Social Avoidance	10.00	10.44	49.25	Mod.
Vitality				
Loss of Vigor	11.00	9.88	53.31	Mod.
Sleep Disturbance	12.00	10.89	53.29	Mod.
PDR Average Pain Intensity				
Average Pain Intensity	7	7.45	47.46	Mod.

Significant Responses

The following is a list of significant response items the patient answered with a 5, 6 or 7 (or 0, 1, 2 if the item is reversed), the highest possible values on the questionnaire. Specific activity items for the activities on the second half of the questionnaire are not reported since the item values are mentioned later in the report. Significant responses are listed only for the patient's most recent testing.

Scale	Question	Response
Activity Avoidance		
	14 I limit what I do because of pain, weakness or fatigue	6
	28 I avoid activities because of pain, fatigue, or weakness	6
Decline in Role Status		
	2 I am not able to meet my obligations as a husband/wife or boyfriend/girlfriend	6
	15 I am not able to meet my obligations as a parent	6
	22 I am not able to meet my obligations as a friend to others	6
	44 I'm not able to meet my obligations as a provider	6
Pain Expression		
Problems in Carrying out Home Responsibilities		
	33 I can take care of my daily responsibilities at home	0
	36 I can do all of my chores around the house	1
Relationship Dissatisfaction		
Social Avoidance		
	11 I avoid interacting with others	6
General Activity Limitation		
	8 I spend much of my day resting	6
	17 I don't get out of the house very often	6
	18 I'm not very physically active	6
	39 I'm not doing very much on a day to day basis	6
Loss of Vigor		
	5 I don't have much energy	5
	10 I'm tired and run down	6
Problems in Work Productivity		
	29 I can work effectively	1
	35 I can work productively	1
Recreational Activity Limitation		
	38 I don't go out that often for entertainment	6

Sleep Disturbance

12	I find it difficult falling to sleep	6
19	I don't sleep well	6

Anxiety

6	I often feel tense and keyed up	6
23	I often have thoughts the worst could happen	7
34	I have fears of losing control	6
45	I'm frequently nervous	6

Degradation

30	I fear if I don't get rid of my pain, I will be unable to do much of anything	6
42	I'm concerned my pain will worsen	6

Depression

4	I spend much of my day doing nothing	5
25	I'm often irritable and grouchy	5
32	I often feel disappointed in myself	6
46	I often feel sad and depressed	6

Dissonance

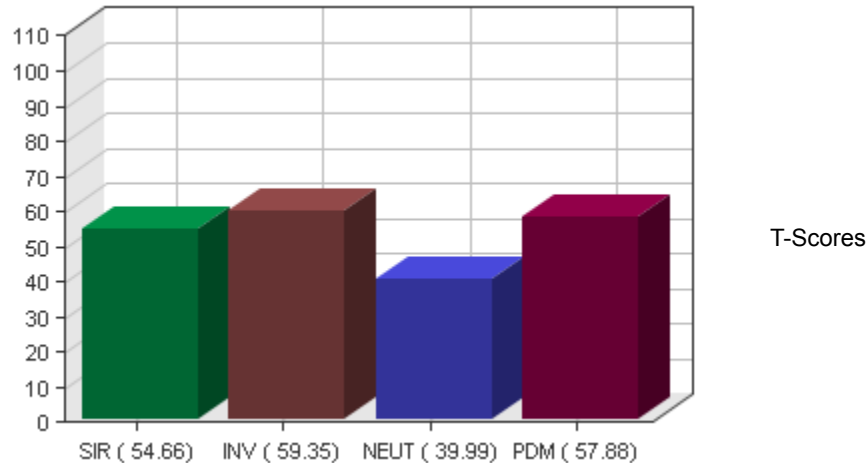
20	I'm concerned I'll fall apart psychologically if I do not get rid of my pain	6
40	I will never be happy as long as I have pain	6
43	I will never enjoy life again as long as I have pain	7

Future Despair

24	I often feel discouraged about the future	5
26	I'm not confident in myself	7

**PAIN DISABILITY REPORT-SHORT FORM TEST
VALIDITY SCALES-SF**

Patient: Prince Charming
 ID: 667-90-8876
 Date of Birth: 01/01/1930
 Gender: male



Validity Scales-SF Interpretation

The Validity Scales attempt to measure the accuracy and honesty of the patient's self-report. The Similar Item Reliability Scale (SIR) consists of pairs of items with similar content. Moderate to High Scores (>40) indicate that similar answers were made to items with similar content (i.e., the patient's responses were consistent).

Scores above 60 on the Invariability Scale (INV) indicate the patient's responses varied little in severity. Scores of this magnitude or above are highly unusual and suggest the patient's self-report may not provide clinically significant information and may not accurately reflect the patient's true level of pain-related disability.

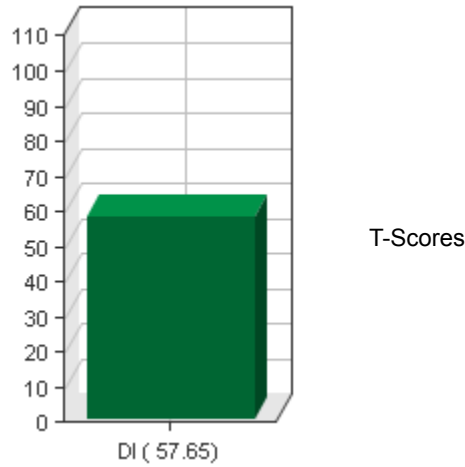
Scores above 60 on the Neutrality Scale (NEUT) are suspect and indicate the patient showed tendencies to endorse a high number of neutral responses (3's and 4's). Scores this high or above suggest the patient may have been overly cautious in his response style or may not have sufficiently understood the item content.

Scores above 65 on the Pain Disability Maximization Scale (PDM) are unusually high. Extremely high scores on PDM are questionable and suggest the patient may be magnifying his symptoms of disability.

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**PAIN DISABILITY REPORT-SHORT FORM TEST
DISABILITY INDEX**

Patient: Prince Charming
ID: 667-90-8876
Date of Birth: 01/01/1930
Gender: male



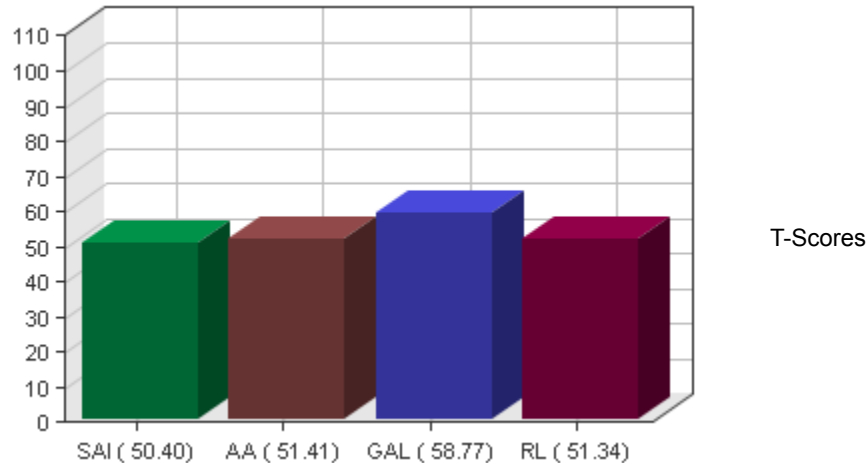
Disability Index Interpretation

The Disability Index (DI) is a global measure of the patient's disability. The DI reflects how the patient is functioning in several areas. Patients scoring very high (>55) report more activity interference, non-productive beliefs, sleep disturbance, low levels of energy, social avoidance, mood disturbance, and the inability to take care of daily responsibilities.

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PAIN DISABILITY REPORT-SHORT FORM TEST ACTIVITY SCALES

Patient: Prince Charming
 ID: 667-90-8876
 Date of Birth: 01/01/1930
 Gender: male



Activity Scales Interpretation

The Activity Scales measure various aspects of the patient's activity. The Specific Activity Interference Scale (SAI) measures the degree to which pain interferes with a number of specific activities including: lifting, carrying, pushing, pulling, kneeling, walking, sitting, standing, reaching, fingering, crouching, climbing stairs, and so on. Patients scoring very high (>55) are likely to be experiencing problems with both upper and lower limb activities.

The Activity Avoidance Scale (AA) measures avoidance of activities related to pain, weakness, or fatigue. Avoidance does not simply reflect withdrawal from activities. Rather, the construct appears to be influenced by a number of maladaptive beliefs and negative expectations that are acquired over time. Thus, avoidance appears to be determined by the combination of a preference for reduced discomfort, the expectancy or perceived threat that further exposure will promote pain and emotional suffering, and the perceived capacity to cope with the pain/physical discomfort that is produced. This appears to be the case since avoidance is moderately associated with anxiety, expectation of harm, and maladaptive coping styles.

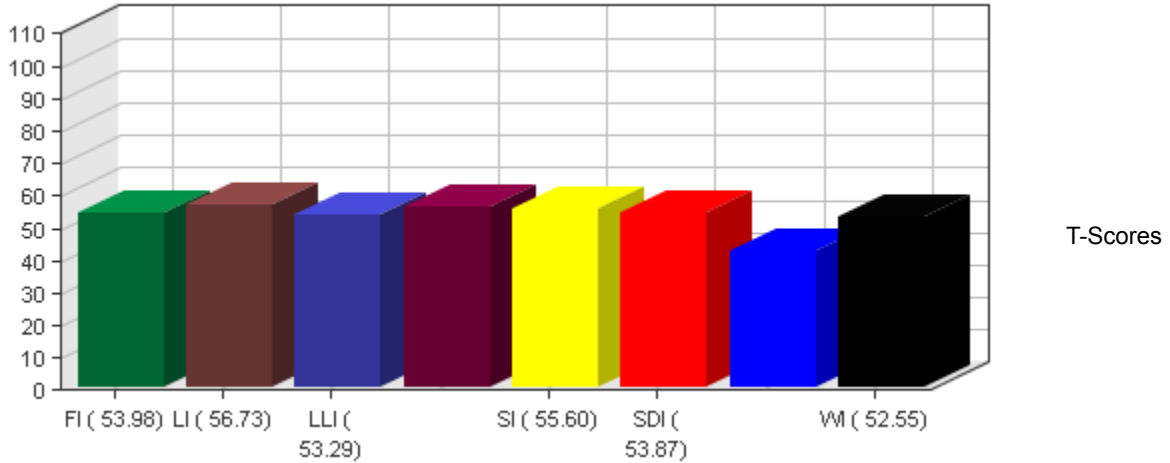
The General Activity Limitation Scale (GAL) measures how active the patient is in general and is reflected in such statements as "I don't get out of the house very often" and "I'm not very physically active." Higher scores are associated with greater amounts of mood disturbance and pain intensity.

The Recreational Activity Limitation Scale (RL) assesses the extent to which pain is interfering in recreational activities such as "I'm doing as many fun things." Higher scores are related to a reduction in other activities, especially pleasant activities, and mood disturbance.

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PAIN DISABILITY REPORT-SHORT FORM TEST
***PDR-SF CATEGORIES OF SPECIFIC ACTIVITY INTERFERENCE**

Patient: Prince Charming
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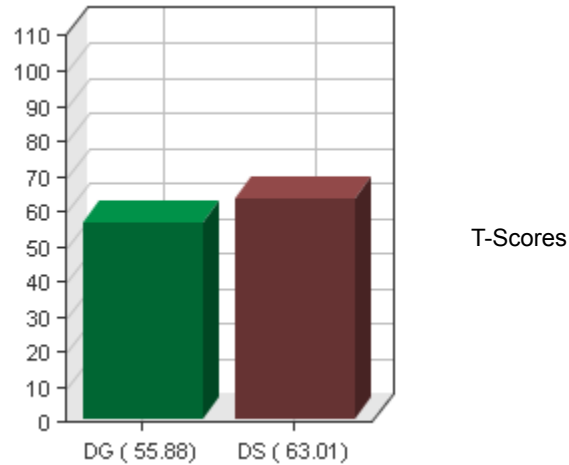
***PDR-SF Categories of Specific Activity Interference Interpretation**

The Categories of Specific Activity Interference refers to how several categories of activities are affected by the patient's pain: Flexibility Interference (FI), Lifting Interference (LI), Lower Limb Interference (LLI), Personal Care Interference (PCI), Sitting Interference (SI), Standing Interference (SDI), Upper Limb Interference (ULI), and Walking Interference (WI).

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**PAIN DISABILITY REPORT-SHORT FORM TEST
UNPRODUCTIVE BELIEFS**

Patient: Prince Charming
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**Unproductive Beliefs Interpretation**

Unproductive beliefs about pain are associated with higher fears of re-injury and deteriorating health, non-acceptance of pain, health care dependency, activity avoidance, narcotic dependence, and poor coping strategies.

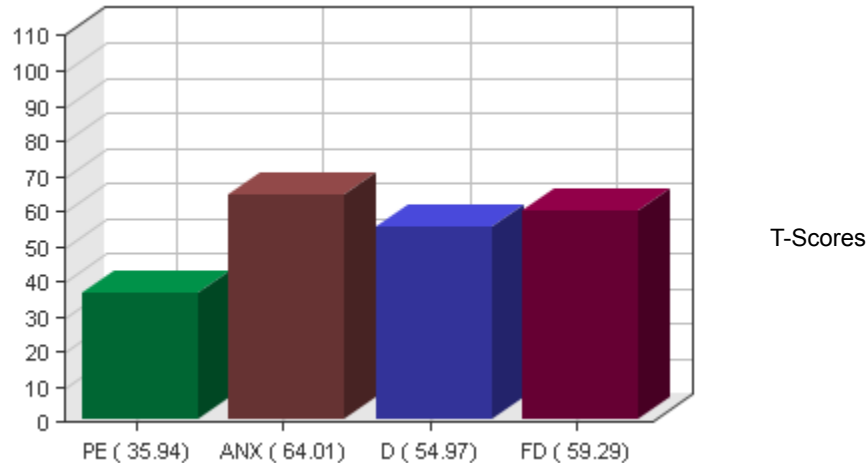
The Degradation Scale (DG) assesses the patient's belief that pain will continue to worsen causing increased disability and preventing him from doing much of anything.

The Dissonance Scale (DS) examines the patient's belief that life with persistent pain can never be happy or enjoyable and chronic pain can lead to catastrophic psychological consequences. Patients who believe that life is incompatible with pain are more often anxious and fearful of pain.

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**PAIN DISABILITY REPORT-SHORT FORM TEST
PSYCHOLOGICAL DISTRESS**

Patient: Prince Charming
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**Psychological Distress Interpretation**

The Psychological Distress Scales reflect the emotional discomfort a patient is experiencing. The Pain Expression Scale (PE) measures the degree to which a patient is engaging in a variety of pain behaviors, such as "I cry when I hurt." Higher scores are strongly related to reports of anxiety and depression and the presence of contingent social reinforcement from significant others, including health care providers.

The Anxiety Scale (ANX) measures symptoms of nervousness, tension, being keyed up, fears of losing control, and thoughts the worst could happen. Higher scores are associated with fears of re-injury, increased pain sensitivity, worries about deteriorating health, pain avoidance, sleep disturbance, excessive muscular tension and other psychosomatic complaints.

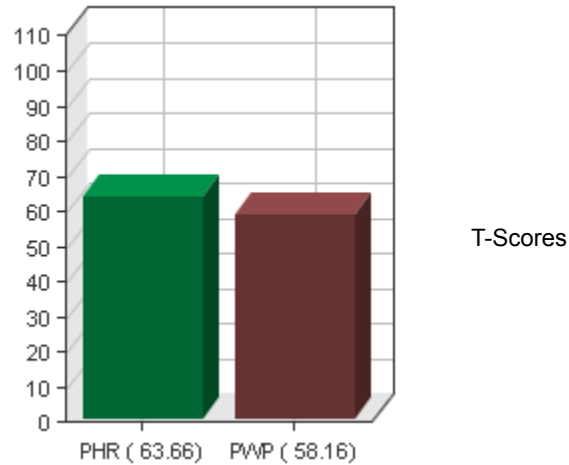
Higher scores on the Depression Scale (D) indicate the patient is endorsing several symptoms of depression such as sadness, disappointment in self, and irritability. Depressive symptoms are associated with much higher levels of overall disability.

Patients scoring high on the Future Despair Scale (FD) express feelings of discouragement and a sense of hopelessness about the future. They also report a lack of confidence in themselves. Look for elevations on other mood scales, beliefs of entitlement, and low efficacy beliefs about coping successfully with pain.

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**PAIN DISABILITY REPORT-SHORT FORM TEST
RESPONSIBILITIES**

Patient: Prince Charming
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**Responsibilities Interpretation**

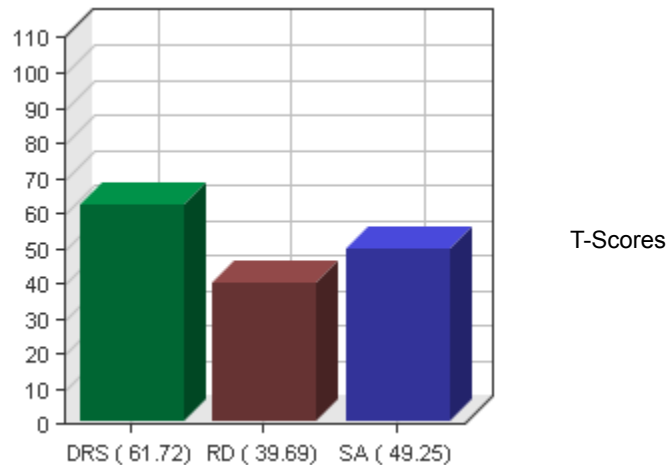
The Responsibilities Scales are concerned with the ability to take care of home and work responsibilities. The Problems in Carrying out Home Responsibilities Scale (PHR) measures the patient's perception of his ability to carry out day-to-day responsibilities at home, such as doing the chores and managing home-related financial responsibilities. Higher scores are related to a decrease in most other activities, heightened symptoms of mood disturbance, and complaints of pain.

The Problems in Work Productivity Scale (PWP) measures perceived ability to work such as "I can work productively" and "I find it difficult working." Elevated scores are associated with concomitant decreases in other activities, work-related stress, heightened pain complaints, and mood disturbance.

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**PAIN DISABILITY REPORT-SHORT FORM TEST
SOCIAL SCALES**

Patient: Prince Charming
ID: 667-90-8876
Date of Birth: 01/01/1930
Gender: male

**Social Scales Interpretation**

The Social Scales measure various aspects of social functioning. The Decline in Role Status Scale (DRS) measures a patient's perceived change in role status such as not being able to meet his obligations as a friend, parent, spouse, husband, and provider.

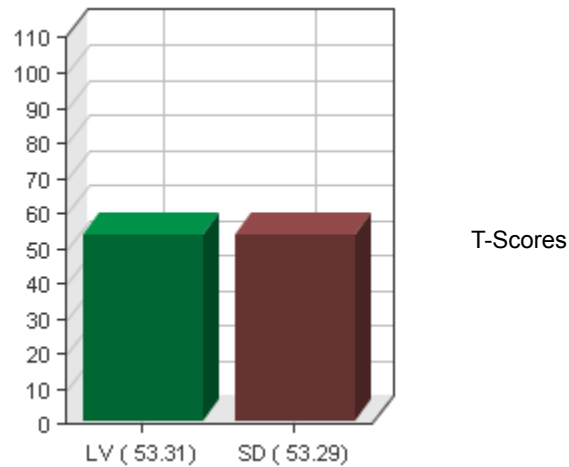
The Relationship Dissatisfaction Scale (RD) measures relationship dissatisfaction, including increased strain. Higher scores are inversely related to partner reinforcement of pain behavior and discouragement of wellness activities. Chronic pain patients, in general, report more satisfaction with their relationships when their spouses/partners reinforce and validate their pain experience. Relationship dissatisfaction is more strongly associated with partner criticism of pain behavior.

Patients scoring higher on the Social Avoidance Scale (SA) report more avoidance of others and a desire to be alone. Pain, fatigue and weakness may be interfering with the patient's ability to socialize. Examine for symptoms of depression and anxiety and a decrease in other activities.

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**PAIN DISABILITY REPORT-SHORT FORM TEST
VITALITY**

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Gender: male

**Vitality Interpretation**

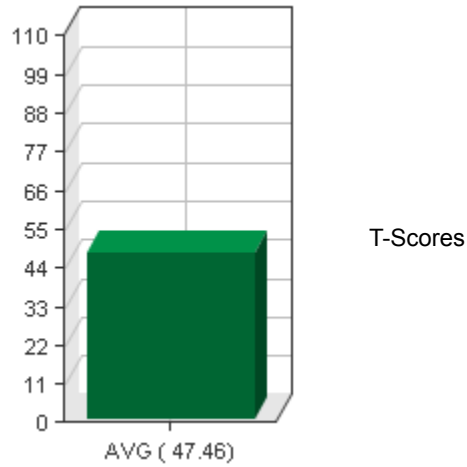
The Vitality Scales measure aspects of energy and sleep. Patient with higher scores on the Loss of Vigor Scale (LV) feel less energetic and run down. Look for symptoms of depression, sleep disturbance, and use of sedating medications (e.g., opioids, tranquilizers, neuropathic and tricyclics).

The Sleep Disturbance Scale (SD) measures disruption in sleep. Sleep problems can be related to a number of factors including pain, general physical discomfort, poor sleep habits, use of ETOH or other drugs, and mood disturbance, especially agitated depression and anxiety.

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**PAIN DISABILITY REPORT-SHORT FORM TEST
PDR AVERAGE PAIN INTENSITY**

Patient: Prince Charming
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Gender: male



PDR Average Pain Intensity Interpretation

The Average Pain Intensity Scale measures the patient's rating of subjective discomfort on a 1-10 scale, with 10 being the highest score. Patients with higher than average T scores (>50) report more activity limitation related to pain.

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The following are items the patient endorsed as not applicable or failed to respond to:

Questions