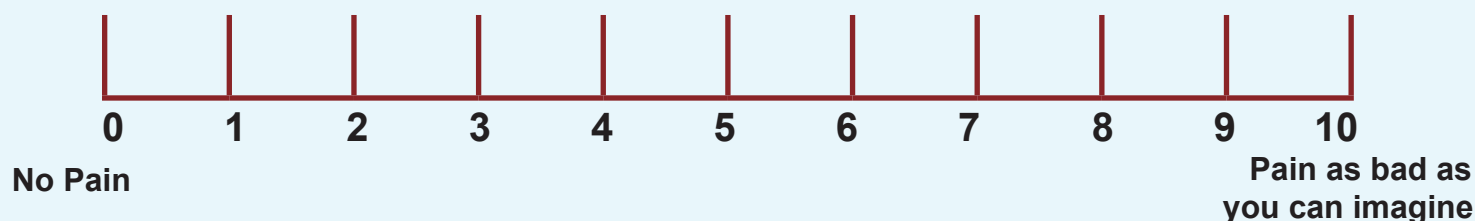


Overactivity in Persistent Pain Assessment (OPPA)



PAIN
ROADMAP

1. Please rate your average pain over the last 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 (worsen) your pain by doing too much?

☐

Less than once a month

☐

Once a month

☐

A couple of times a month

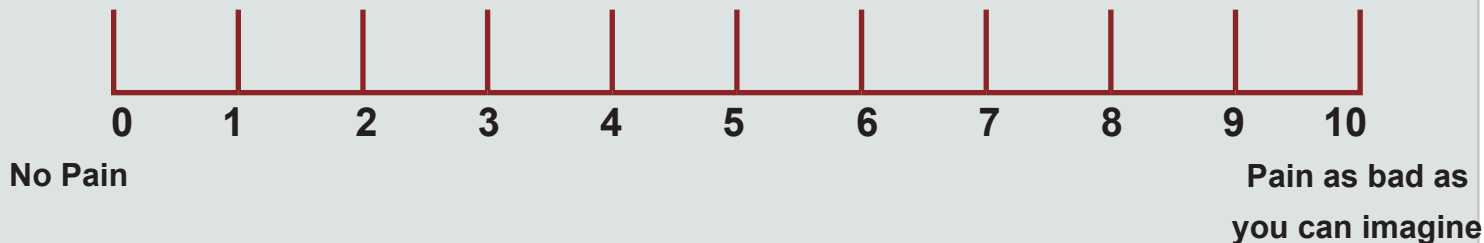
☐

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?

- ☐ 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 arm chair 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

Scoring

<i>Frequency</i>	<i>/5</i>
<i>Severity of Pain Exacerbation</i>	<i>/5</i>
<i>Impact on Occupational Performance</i>	<i>/5</i>
<i>Recovery Time</i>	<i>/5</i>
<i>Maladaptive Coping</i>	<i>/5</i>
Total	/25

