



Bath Centre for Pain Research

BAPQ: Background Questionnaire

This questionnaire asks you about different ways in which pain affects your life. There are no right or wrong answers, but please try to be as accurate as you can. Please read each question carefully. Do not spend too much time on any one question. It is very important that you answer all the questions.

"Enabling people to reduce the impact of pain on their lives and influencing society's attitude to pain."

Please tell us about yourself

1. Gender ☐ male ☐ female

2. Date of birth
(day/month/year)

3. Age when your pain first started yearsmonths

4. Ethnicity (please tick **one** only) White ☐ Black ☐ Asian ☐ Other ☐

What is your country of origin? (eg. England, Pakistan, etc.)
.....

5. Please tell us about the type of schooling you currently receive

I attend school full-time ☐
 I attend school part-time ☐
 I receive home tutoring ☐
 I attend hospital school ☐
 I receive no schooling ☐
 I have left having completed schooling ☐

6. If you have completed school, please tell us about what you do

I am at college or further education full time ☐
 I am at college or further education part time ☐
 I am working full time ☐
 I am working part time ☐
 I am not working or in education ☐

N/A ☐

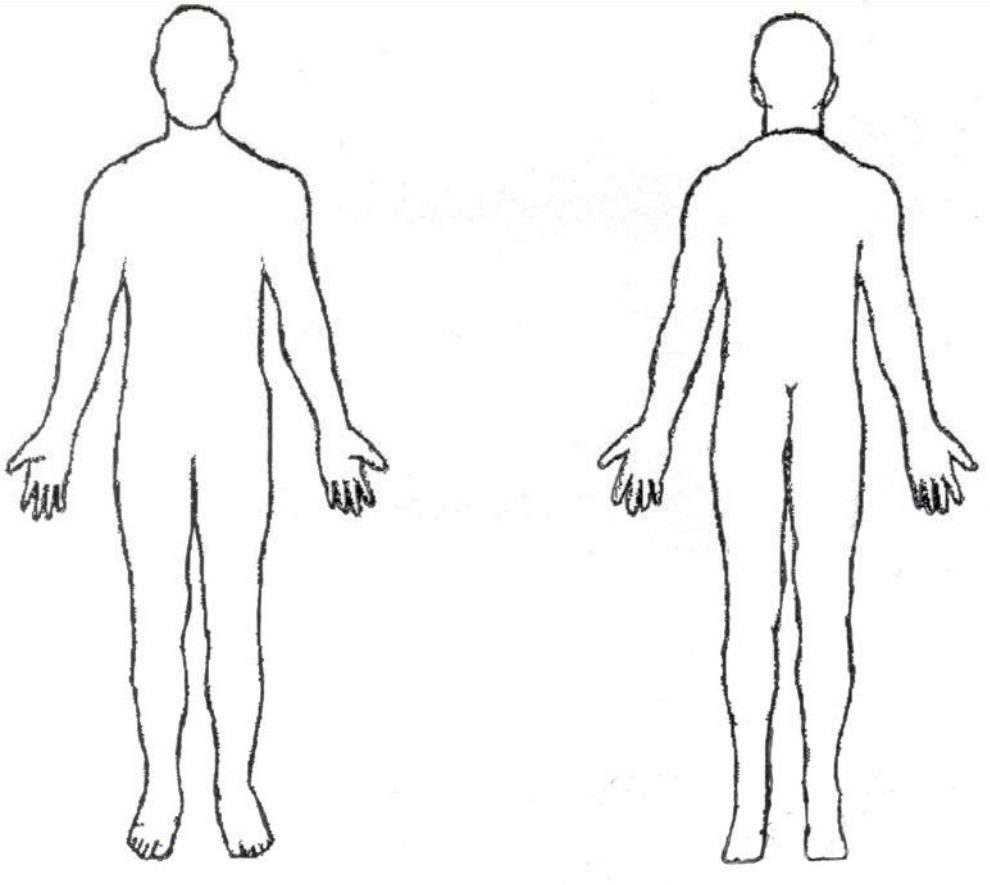
7. If you have been absent from full-time school/college/work because of your pain, how long have you been absent?weeks absent

8. If you are attending school, on average, how many days do you miss each week because of your pain?

..... number of days per week missed

N/A ☐

9. Please mark an 'X' on the places where you experienced pain in the **last week**



10. According to the 0-10 scale below, please write a number next to each 'X' you have drawn on the picture, to show how much each part of your body hurt over the **last week**

0	1	2	3	4	5	6	7	8	9	10
no pain										worst pain possible

Please answer questions 11 and 12 according to the 0-10 scale above.

11. What was your overall level of pain over the last week?

12. What is your level of pain at the moment?

13. How did your pain start?

14. Was the start (please tick) ☐ gradual or ☐ sudden

15. Has your pain changed since it first started? ☐ yes ☐ no
 If yes, in what way?

16. Please tell us about who lives at home with you.

Relation of person to you
(e.g. mother, sister, father, half-brother)

Age (years)

.....
.....
.....
.....
.....
.....

17. Do other family members experience chronic pain? Yes No Don't know
(This includes immediate and extended family members) ☐ ☐ ☐

18. If yes, please tell us who these family members are and about the type of pain they experience (e.g. arthritis, back pain)

Relation of person to you

Description of pain / diagnosis

.....
.....
.....
.....

Please tell us about your sleeping patterns

19. Does pain disturb your sleep? ☐ Yes ☐ No
20. What time do you usually go to sleep? o'clock
21. On average, how many hours do you sleep per night? hours
22. On average, how many hours do you sleep during the day? hours
23. On average, how many hours do you rest (not sleep) during the day? hours

Please tell us about your eating habits

24. Since the onset of your pain, do you eat more, less or the same amount of food? ☐ More ☐ Less ☐ Same
25. How many proper meals do you eat per day?
26. How many snacks do you eat per day?

Thank you for taking the
time to fill out this
questionnaire.

If you would like to find out more about the Bath
Centre for Pain Research please visit our website at:

<http://www.bath.ac.uk/pain>

