

Pain Questionnaire I Fall 2016

Start of Block: Default Question Block

SCREEN

A. Are you male or female?

Male (1)

Female (2)

Page Break

End of Block: Default Question Block

Start of Block: Block 1

B. What is your age?

18-24 years old (1)

25-40 years old (2)

41-54 years old (3)

55 or older (4)

Page Break

End of Block: Block 1

Start of Block: Block 2

Q18 Participation in this survey-based research study is voluntary and anonymous. If you have questions about this research study, please contact Ed Freeland (psrc@princeton.edu) or the Institutional Review Board at Princeton University (irb@princeton.edu).

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C. In the **last seven days**, did you do **any** work at a job or business for either pay or profit?

Yes (1)

No (2)

End of Block: Block 2

Start of Block: Block 3

D. In the **last seven days**, did you have a full or part time job from which you were temporarily absent?

Yes (1)

No (2)

End of Block: Block 3

Start of Block: Block 4

E. Last week, did you do anything to look for a job?

Yes (1)

No (2)

End of Block: Block 4

Start of Block: Block 5



Q1. What is the main reason you did not work at a job or business in the last seven days?

- Unable to find work (1)
- Temporary injury or illness (2)
- Chronic illness/disability (3)
- Retired (4)
- Going to school (5)
- Home responsibilities (6)
- Other (please specify) (7) _____

Page Break

Q2. Which category below best describes your race or ethnicity?

(Mark one or more boxes)

- White (1)
- Black/African American (2)
- American Indian or Alaska Native (3)
- Asian or Pacific Islander (4)
- Hispanic (5)
- Some other race (please specify) (6) _____

Page Break

Q3. Did you take any pain medication **yesterday**, such as Aspirin, Ibuprofen or prescription pain medication?

Yes (1)

No (2)

Skip To: Q34 If Q30 = No

Page Break

Q4. Did you take a **prescription** medication OR did you take one you can buy **over-the-counter** without a prescription?

Prescription (1)

Over-the-counter (2)

Both (3)

Not sure (4)

Page Break

Q5. Does pain prevent you from working on a full-time job for which you are qualified?

Yes (1)

No (2)

Page Break



Q6. We want to learn whether people have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. Please mark any of the following that **apply to you**. (If you don't have a condition, please mark None at the bottom.)

- Deaf or serious difficulty hearing (1)
 - Blind or serious difficulty seeing even when wearing glasses (2)
 - Difficulty concentrating, remembering, or making decisions (3)
 - Difficulty walking or climbing stairs (4)
 - Difficulty dressing or bathing (5)
 - Difficulty doing errands alone such as visiting a doctor's office or shopping (6)
 - Other condition (please specify) (7)
-
- None of the above (8)

Page Break



Q7. There are a variety of programs designed to provide financial assistance to people. In the **past year** did you receive assistance from any of the following?

*(Please mark **any** of the following you may have received. If you did not receive any, please mark **None** at the bottom.)*

- Workers' Compensation Insurance (1)
 - Social Security Disability Income (2)
 - Supplemental Security Income (3)
 - Veterans Disability Compensation (4)
 - Disability insurance payments (5)
 - Other disability payments (please specify) (6)
-
- None of the above (7)

Page Break

Q27 Please click the "Next" button below to complete this survey.

End of Block: Block 5
