THE RISK OF PAIN CHRONIFICATION QUESTIONNAIRE

Banská Bystrica CNS Sensitization Questionnaire (Martuliak et al., 2024)

In an effort to help us improve the quality of your pain therapy, we ask you to fill out this questionnaire. For each question, please tick one option.

Name and surname:	Not at all	Slightly	Moderately	Very	Extremely
Date:					
Have you ever experienced any severe pain? If so, how uncomfortable was it for you?					
2. Have you ever experienced a sudden and extremely intense physical pain (e.g. during an accident) that significantly worsened your perception of pain? If so, how much has your perception of the new pain worsened?					
3. Have you ever been bothered by excessive muscle tension in the cervical spine (neck) area? If so, how uncomfortable was it for you?					
4. Have you ever been bothered by excessive muscle tension in the lower back area? If so, how uncomfortable was it for you?					
5. Have you ever been bothered by excessive muscle tension in areas other than the sacral and neck muscles? If so, how uncomfortable was it for you?					
6. Have you ever had trouble urinating excessively? If so, how uncomfortable was it for you?					
7. Have you ever had difficulty with pain while urinating? If so, how uncomfortable was it for you?					
8. Have you ever had problems with pain in the genital area? If so, how uncomfortable was it for you?					
9. Have you ever had difficulty with bowel movements (diarrhea, constipation)? If so, how uncomfortable was it for you?					
10. Have you ever experienced excessive sensitivity to weather changes (e.g. headaches, pressure changes, dizziness, joint pain, etc.)? If so, how uncomfortable was it for you?					
11. Has it happened to you that after pain treatment (e.g. drugs, rehabilitation, surgery) there was no expected improvement? If so, how uncomfortable was it for you?					
12. Have you ever visited several doctors on your own initiative with the same problem despite repeated negative examination results? If so, how uncomfortable was it for you?					
13. Have you ever had such anxiety that you could not concentrate on daily activities or work? If so, how uncomfortable was it for you?					

^{*}Not at all = 0; Slightly = 1; Moderately = 2; Very = 3; Extremely = 4.

Authors: Martuliak, I. a kol. Pain chronification risk assessment: advanced phenotyping and scoring for prediction and treatments tailored to individualized patient profile. *EPMA Journal* 15, 739–750 (2024). https://doi.org/10.1007/s13167-024-00383-3
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Name and surname:	Not at all	Slightly	Moderately	Very	Extremely
Date:					
14. Have you ever had disturbing thoughts about possible hospitalization that would limit you in normal activities? If so, how uncomfortable was it for you?					
15. Have you ever experienced anxiety about a possible surgical operation that would limit you in normal activities? If so, how uncomfortable was it for you?					
16. Have you ever had an unreasonable fear about your health that would limit you in normal activities? If so, how uncomfortable was it for you?					
17. Have you ever been so worried about a serious illness that it would limit you in your usual activities? If so, how uncomfortable was it?					
18. Have you ever been troubled by thoughts that many things no longer make sense to the point that it limited your normal functioning? If so, how uncomfortable was it?					
19. Have you ever been plagued by feelings of failure or self-doubt to the point that it limited your normal functioning? If so, how uncomfortable was it?					
20. Have you ever felt that nothing brings you joy anymore to the extent that it has limited your normal functioning? If so, how uncomfortable was it?					
21. Have you ever had feelings of guilt that limited your normal functioning? If so, how uncomfortable was it?					
22. Do you feel that you have ever been more tearful compared to others? If so, how restrictive was it?					
Administrator comments:					

^{*}Not at all = 0; Slightly = 1; Moderately = 2; Very = 3; Extremely = 4.

Administrator:

Resulting raw score:

Low risk Overall score ≤ 22	Medium risk Overall score 23 - 43	High risk Overall score ≥ 44		
The norms for the Slovak population				
10th percentile 13.5	25th percentile 22.5	80th percentile 45.0		
20th percentile 19.0	30th percentile 25.0	90th percentile 51.0		
	40th percentile 29.0			
	50th percentile 32.5			
	60th percentile 37.0			
	70th percentile 41.0			
	75th percentile 44.0			

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