

The P4 Questionnaire

Name:

Date (yyyy/mm/dd):

When answering these questions, think **only of the pain** you are **experiencing in relation to the problem for which you are having an assessment.**

Circle **one number** for each of the four questions.

On average, how bad has your pain been:

	No Pain											Pain as bad as it can be
In the morning over the past 2 days?	0	1	2	3	4	5	6	7	8	9	10	

In the afternoon over the past 2 days?	0	1	2	3	4	5	6	7	8	9	10
--	---	---	---	---	---	---	---	---	---	---	----

In the evening over the past 2 days?	0	1	2	3	4	5	6	7	8	9	10
--------------------------------------	---	---	---	---	---	---	---	---	---	---	----

With activity over the past 2 days?	0	1	2	3	4	5	6	7	8	9	10
-------------------------------------	---	---	---	---	---	---	---	---	---	---	----

Score: /40

References

Spadoni GF, Stratford PW, Solomon PE, Wishart LR. The Evaluation of Change in Pain Intensity: A Comparison of the P4 and Single-Item Numeric Pain Rating Scales. J Orthop Sports Phys Ther, 2004; 34(4): 187-93.

Stratford PW, Dogra M, Woodhouse L, Kennedy DM, Spadoni GF. Validating Self-Report Measures of Pain and Function in Patients Undergoing Hip or Knee Arthroplasty. Physiother Can, 2009; 61; 189-194.