

## Multidimensional Pain Questionnaire in Professional Dance (MPQDA)

This questionnaire is addressed to professional dancers with pain in the last 3 months which occurred during or within 24 hours after work time (in training, rehearsals and/or performances). Information on scoring can be found at the bottom (p.7).

### A. Sociodemographic and health related information

1. Which gender do you have?
  - female
  - male
  - other/ diverse
  
2. How old are you?  
\_\_\_\_\_ years
  
3. What is your height?  
\_\_\_\_\_ centimetres (cm)
  
4. What is your weight?  
\_\_\_\_\_ kilograms (kg)
  
5. Do you currently have any injuries? (e.g. muscle strain in the upper thigh)
  - no
  - yes, following: \_\_\_\_\_
  
6. Do you have any diseases? (e.g. high blood pressure, iron deficiency, scoliosis)
  - no
  - yes, following: \_\_\_\_\_
  
7. Do you smoke?
  - no
  - yes, up to 10 cigarettes a day
  - yes, more than 10 cigarettes a day

### B. Information on professional practice

8. How many years have you been working as a dancer?  
(Number of years in which you earn your livelihood by dancing.)  
\_\_\_\_\_ years
  
9. What is your current employment relationship as a dancer?
  - freelance
  - salaried as
    - group dancer (Corps de ballet)
    - group dancer (Corps de ballet) with solo contract
    - soloist

10. Which dance genre do you practice predominantly during the week?

- Classical Dance (Ballet)/ Neoclassical Dance
- Contemporary Dance/ Dance Theatre
- Musical/ Revue
- Other: \_\_\_\_\_

11. How many hours do you spend on average per week with dance training, rehearsals and performances?

dance training: \_\_\_\_\_ hours per week  
rehearsals: \_\_\_\_\_ hours per week  
performances: \_\_\_\_\_ hours per week

### C. Pain questions

12. Have you had any pain in the last 3 months which occurred during or within 24 hours after work time (training/ rehearsals/ performances)?

- no
- yes

*All the following questions relate to the **pain within the last 3 months**. Please answer the following questions if you have answered "yes" in the previous question.*

13. Please indicate the painful body region(s) within the last 3 months which occurred during or within 24 hours after work time (training/ rehearsals/ performances).

(Multiple answers are possible)

#### Head and torso

head	<input type="checkbox"/>
neck/ cervical spine	<input type="checkbox"/>
upper back/ thoracic spine	<input type="checkbox"/>
lower back/ lumbar spine/ iliosacral joint	<input type="checkbox"/>
stomach	<input type="checkbox"/>

#### Upper extremity

	right	left
shoulder/ upper arm	<input type="checkbox"/>	<input type="checkbox"/>
elbow/ forearm	<input type="checkbox"/>	<input type="checkbox"/>
wrist/ hand	<input type="checkbox"/>	<input type="checkbox"/>

#### Lower extremity

	right	left
hip joint	<input type="checkbox"/>	<input type="checkbox"/>
upper thigh	<input type="checkbox"/>	<input type="checkbox"/>
knee	<input type="checkbox"/>	<input type="checkbox"/>
lower leg	<input type="checkbox"/>	<input type="checkbox"/>
ankle joint	<input type="checkbox"/>	<input type="checkbox"/>
rear-/ midfoot	<input type="checkbox"/>	<input type="checkbox"/>
forefoot	<input type="checkbox"/>	<input type="checkbox"/>

14. Please indicate the most severely affected pain region within the last 3 months which occurred during or within 24 hours after work time (training/ rehearsals/ performances). Please indicate the region as precisely as possible. If pain is more generalized, you can select one of the main categories (e.g. upper extremity). If you only specified one region in the previous question, enter it again.

<b>Head and torso</b>	<input type="checkbox"/>
head	<input type="checkbox"/>
neck/ cervical spine	<input type="checkbox"/>
upper back/ thoracic spine	<input type="checkbox"/>
lower back/ lumbar spine/ iliosacral joint	<input type="checkbox"/>
stomach	<input type="checkbox"/>

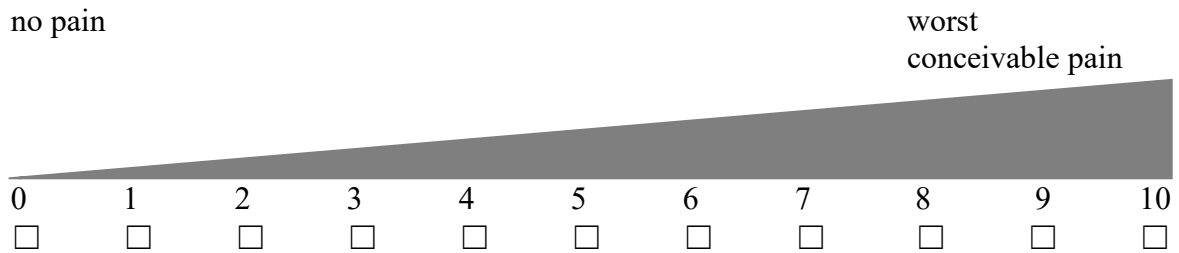
<b>Upper extremity</b>	<input type="checkbox"/>	
	<b>right</b>	<b>left</b>
shoulder/ upper arm	<input type="checkbox"/>	<input type="checkbox"/>
elbow/ forearm	<input type="checkbox"/>	<input type="checkbox"/>
wrist/ hand	<input type="checkbox"/>	<input type="checkbox"/>

<b>Lower extremity</b>	<input type="checkbox"/>	
	<b>right</b>	<b>left</b>
hip joint	<input type="checkbox"/>	<input type="checkbox"/>
upper thigh	<input type="checkbox"/>	<input type="checkbox"/>
knee	<input type="checkbox"/>	<input type="checkbox"/>
lower leg	<input type="checkbox"/>	<input type="checkbox"/>
ankle joint	<input type="checkbox"/>	<input type="checkbox"/>
rear-/ midfoot	<input type="checkbox"/>	<input type="checkbox"/>
forefoot	<input type="checkbox"/>	<input type="checkbox"/>

*All of the following questions refer to the **most severely affected pain region** from the previous question.*

15. The pain region is ...				
	<b>not</b>	<b>somewhat</b>	<b>fairly</b>	<b>very</b>
tight/ hard/ tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restricted in mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
less resilient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please indicate your average perceived pain intensity within the last 3 months between no pain (= 0) and worst conceivable pain (= 10).



17. I feel the pain as....

	<b>does not apply</b>	<b>applies a little</b>	<b>applies mostly</b>	<b>applies exactly</b>
pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wretched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
paralyzing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
unbearable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please indicate since when the pain occurred and how often it has occurred in the selected period (rarely to permanently).

- maximum of one week**
  - rarely     frequently     permanently
- between one week and 6 weeks**
  - rarely     frequently     permanently
- between 6 and 12 weeks**
  - rarely     frequently     permanently
- between 3 and 6 months**
  - rarely     frequently     permanently
- longer than 6 months**
  - rarely     frequently     permanently

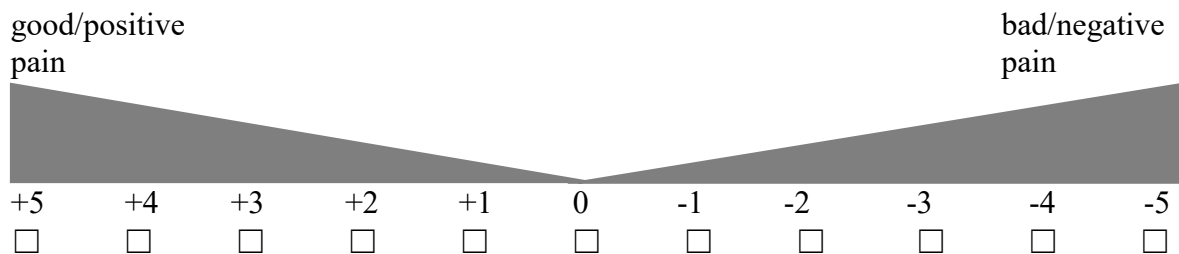
19. The onset of pain occurred...

- suddenly/ through a single (traumatic) event
- over time/ creeping
- within 24 hours after work time (training/ rehearsals/ performances)
- in another way, as follows: \_\_\_\_\_

20. The pain occurs...

	<b>never</b>	<b>rarely</b>	<b>frequently</b>	<b>permanently</b>
when weight-bearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
during movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate to what extent you feel the pain to be good/positive (rather harmless, not disturbing) or bad/negative (alarming, disturbing) within the last 3 months.



22. Do you work despite pain (in training/ rehearsals/ performances)?

	<b>No</b>	<b>Yes, with limitations</b>	<b>Yes, without limitations</b>
in training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in rehearsals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you work despite pain, i.e. if you have indicated "yes" to at least one category in the previous question, also answer the following question.*

23. Why do you work despite pain?

	<b>does not apply</b>	<b>applies a little</b>	<b>applies mostly</b>	<b>applies exactly</b>
I don't want to let my company down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel existential/ financial pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel pressure from superiors (training leader, choreographer).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel pressure from colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to be considered unreliable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to lose my role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to lose my status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have concerns my dancing skills are going down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have concerns my body is getting out of its aesthetic form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to impress the audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing is more important to me than my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing is my passion – I just have to keep dancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other/ additional reasons:

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## Scoring of pain questions (Block C)

Question	Score	Formation of a sum score*
Q 12 <sup>†</sup>	not applicable	not applicable
Q 13: Head and torso	per region selected = 1 point	yes (minimum sum = 0, maximum sum = 5)
Q 13: Upper extremity	per region selected = 1 point	yes (minimum sum = 0, maximum sum = 6)
Q 13: Lower extremity	per region selected = 1 point	yes (minimum sum = 0, maximum sum = 14)
Q 14 <sup>‡</sup>	not applicable	not applicable
Q 15	not = 0 points somewhat = 1 point fairly = 2 points very = 3 points	no, separate scoring per item
Q 16	equals the marked point value on the scale (0 to 10)	no, separate scoring
Q 17: Sensory quality („pulling“ to „sharp“)	does not apply = 0 points applies a little = 1 point applies mostly = 2 points applies exactly = 3 points	yes (minimum sum = 0, maximum sum = 15)
Q 17: Affective quality („fearful“ to „unbearable“)	does not apply = 0 points applies a little = 1 point applies mostly = 2 points applies exactly = 3 points	yes (minimum sum = 0, maximum sum = 15)
Q 18: Duration	maximum of 1 week = 0 points 1 week to 6 weeks = 1 point 6 to 12 weeks = 2 points 3 to 6 months = 3 points longer than 6 months = 4 points	no, separate scoring
Q 18: Frequency	rarely = 1 point frequently = 2 points permanently = 3 points	no, separate scoring
Q 19 <sup>‡</sup>	not applicable	not applicable
Q 20	never = 0 points rarely = 1 point frequently = 2 points permanently = 3 points	no, separate scoring per item
Q 21	+5 = 0 points, +4 = 1 point, +3 = 2 points, +2 = 3 points, +1 = 4 points, 0 = 5 points, -1 = 6 points, -2 = 7 points, -3 = 8 points, -4 = 9 points, -5 = 10 points	no, separate scoring
Q 22	No = 2 points Yes, with limitations = 1 point Yes, without limitations = 0 points	no, separate scoring per item
Q 23	does not apply = 0 points applies a little = 1 point applies mostly = 2 points applies exactly = 3 points	yes (minimum sum = 0, maximum sum = 36)

<sup>†</sup>This pain questionnaire is for dancers who answer "yes" to question 12. The following questions are validated for pain in the last 3 months.

<sup>‡</sup>The questions are important in content, but cannot be scored numerically because the response options are equal-ranking categories.

\*The point values of the individual items can be summed up.