Distress and Risk Assessment Method (DRAM)

Source: Main C, Wood P, Hollis S, et al. The Distress and Risk Assessment Method. A simple patient classification to identify distress and evaluate the risk of poor outcome. *Spine* 1992; 17: 42-52.

The Distress and Risk Assessment Method (DRAM) is a simple and straightforward psychological assessment method for pain problems. The DRAM is designed as no more than a first-stage screening procedure, whether as a confirmation of clinical impression, or to alert the clinician that a more comprehensive psychological or psychophysiological assessment is indicated.

Scoring instructions

The scoring schemas for the two questionnaires are provided on the page following each questionnaire.

Interpretation of scores

The suggested cut-offs

Normal	modified Zung <17
At risk	modified Zung 17-33 and MSPQ <12
Distressed Depressive	modified Zung >33
Distressed Somatic MSPQ	modified Zung 17-33 and MSPQ >12

Modified Somatic Perceptions Questionnaire

Please describe how you have felt during the PAST WEEK by marking a check mark (√) in the appropriate box. Please answer all questions. Do not think too long before answering.

	Not at all	A little, slightly	A great deal, quite a bit	Extremely, could not have been worse
Heart rate increase				
Feeling hot all over				
Sweating all over				
Sweating in a particular part of the body				
Pulse in neck				
Pounding in head				
Dizziness				
Blurring of vision				
Feeling faint				
Everything appearing unreal				
Nausea				
Butterflies in stomach				
Pain or ache in stomach				
Stomach churning				
Desire to pass water				
Mouth becoming dry				
Difficulty swallowing				
Muscles in neck aching				
Legs feeling weak				
Muscles twitching or jumping				
Tense feeling across forehead				
Tense feeling in jaw muscles				

Modified Somatic Perceptions Questionnaire Scoring Schema

	Not at all	A little, slightly	A great deal, quite a bit	Extremely, could not have been worse
Heart rate increase				
Feeling hot all over	0	1	2	3
Sweating all over	0	1	2	3
Sweating in a particular part of the body				
Pulse in neck				
Pounding in head				
Dizziness	0	1	2	3
Blurring of vision	0	1	2	3
Feeling faint	0	1	2	3
Everything appearing unreal				
Nausea	0	1	2	3
Butterflies in stomach				
Pain or ache in stomach	0	1	2	3
Stomach churning	0	1	2	3
Desire to pass water				
Mouth becoming dry	0	1	2	3
Difficulty swallowing				
Muscles in neck aching	0	1	2	3
Legs feeling weak	0	1	2	3
Muscles twitching or jumping	0	1	2	3
Tense feeling across forehead	0	1	2	3
Tense feeling in jaw muscles				

Modified Zung Depression Index

Please indicate for each of these questions which answer best describes how you have been feeling recently.

	Rarely or none of the time (less than 1 day per week)	Some or little of the time (1-2 days per week)	A moderate amount of time (3-4 days per week)	Most of the time (5-7 days per week)
1. I feel downhearted and sad				
2. Morning is when I feel best				
3. I have crying spells or feel like it				
4. I have trouble getting to sleep at night				
5. I feel that nobody cares				
6. I eat as much as I used to				
7. I still enjoy sex				
8. I notice I am losing weight				
9. I have trouble with constipation				
10. My heart beats faster than usual				
11. I get tired for no reason				
12. My mind is as clear as it used to be				
13. I tend to wake up too early				
14. I find it easy to do the things I used to				
15. I am restless and can’t keep still				
16. I feel hopeful about the future				
17. I am more irritable than usual				
18. I find it easy to make a decision				
19. I feel quite guilty				
20. I feel that I am useful and needed				
21. My life is pretty full				
22. I feel that others would be better off if I were dead				
23. I am still able to enjoy the things I used to				

Modified Zung Depression Index Scoring Schema

Please indicate for each of these questions which answer best describes how you have been feeling recently.

	Rarely or none of the time (less than 1 day per week)	Some or little of the time (1-2 days per week)	A moderate amount of time (3-4 days per week)	Most of the time (5-7 days per week)
1. I feel downhearted and sad	0	1	2	3
2. Morning is when I feel best	3	2	1	0
3. I have crying spells or feel like it	0	1	2	3
4. I have trouble getting to sleep at night	0	1	2	3
5. I feel that nobody cares	0	1	2	3
6. I eat as much as I used to	3	2	1	0
7. I still enjoy sex	3	2	1	0
8. I notice I am losing weight	0	1	2	3
9. I have trouble with constipation	0	1	2	3
10. My heart beats faster than usual	0	1	2	3
11. I get tired for no reason	0	1	2	3
12. My mind is as clear as it used to be	3	2	1	0
13. I tend to wake up too early	0	1	2	3
14. I find it easy to do the things I used to	3	2	1	0
15. I am restless and can’t keep still	0	1	2	3
16. I feel hopeful about the future	3	2	1	0
17. I am more irritable than usual	0	1	2	3
18. I find it easy to make a decision	3	2	1	0
19. I feel quite guilty	0	1	2	3
20. I feel that I am useful and needed	3	2	1	0
21. My life is pretty full	3	2	1	0
22. I feel that others would be better off if I were dead	0	1	2	3
23. I am still able to enjoy the things I used to	3	2	1	0