

Name \_\_\_\_\_

Date \_\_\_\_\_

**PAIN SPECTRUM-1**

Please respond to the statements below with the appropriate response to the right.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

- |   | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|---|----------------|-------|----------|----------|-------------------|
| 1. The physical pain I experience is persistent and/or very intense   | SA             | A     | NS       | D        | SD                |
| 2. I understand what causes my physical pain  | SA             | A     | NS       | D        | SD                |
| 3. I would feel less anxious if I had a better understanding of what causes my physical pain                | SA             | A     | NS       | D        | SD                |
| 4. I feel like I have done everything possible to diagnose the cause(s) of my physical pain                 | SA             | A     | NS       | D        | SD                |
| 5. I feel like I have done everything possible to treat and reduce my level of physical pain                | SA             | A     | NS       | D        | SD                |
| 6. I get very frustrated by my level of physical pain   | SA             | A     | NS       | D        | SD                |
| 7. My physical pain restricts me from doing things I would like to do                                       | SA             | A     | NS       | D        | SD                |
| 8. My physical pain makes it more difficult for me to sleep or rest   | SA             | A     | NS       | D        | SD                |
| 9. I treat my physical pain with medications  | SA             | A     | NS       | D        | SD                |
| 10. I feel like my medications are effective in reducing pain   | SA             | A     | NS       | D        | SD                |
| 11. I treat my physical pain with intense exercise  | SA             | A     | NS       | D        | SD                |
| 12. Some of my physical pain comes from my own lifestyle choices  | SA             | A     | NS       | D        | SD                |
| 13. I feel like there's no way my physical pain can ever get better   | SA             | A     | NS       | D        | SD                |
| 14. My physical pain seems worse when I am anxious  | SA             | A     | NS       | D        | SD                |
| 15. My physical pain seems worse when I am depressed  | SA             | A     | NS       | D        | SD                |
| 16. Please make a brief list of times or situations where your physical pain is less noticeable or intense: |                |       |          |          |                   |

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