

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: | | | | | |
