Pain Self Efficacy Questionnaire

Name: ...................................................................................................................... Date: ..............................................

Purpose: ..........................................................................................................................................................

Please rate how confident you are that you can do the following things at present, despite the pain. To answer select one of the numbers where 0 = "not at all confident" and 6 = "completely confident". Remember this questionnaire is not asking whether or not you have been doing these things, but rather how confident you are that you can do them at present, despite the pain.

I can enjoy things, despite the pain. 0____ 1____ 2____ 3____ 4____ 5____ 6

I can do most of the household chores (e.g. tidying-up, washing dishes, etc.) 0____ 1____ 2____ 3____ 4____ 5____ 6

I can socialise with my friends or family members as often as I used to do, despite the pain. 0____ 1____ 2____ 3____ 4____ 5____ 6

I can cope with my pain in most situations. 0____ 1____ 2____ 3____ 4____ 5____ 6

I can do some form of work, despite the pain ("work" includes house work, paid and unpaid work) 0____ 1____ 2____ 3____ 4____ 5____ 6

I can still do many of the things I enjoy doing such as hobbies or leisure activities despite the pain. 0____ 1____ 2____ 3____ 4____ 5____ 6

I can cope with my pain without medication. 0____ 1____ 2____ 3____ 4____ 5____ 6

I can still accomplish most of my goals in life, despite the pain. 0____ 1____ 2____ 3____ 4____ 5____ 6

I can live a normal lifestyle, despite the pain. 0____ 1____ 2____ 3____ 4____ 5____ 6

I can gradually become more active despite the pain. 0____ 1____ 2____ 3____ 4____ 5____ 6