

III. PASS – 20

Individuals who experience pain develop different ways to respond to that pain. We would like to know what you do and what you think about when in pain. Please use the rating scale below to indicate how often you engage in each of the following thoughts or activities.

Circle one number from 0 (NEVER) to 5 (ALWAYS) for each item.

| | NEVER | | | | | ALWAYS | | | | | |
|-----|---|--|--|--|--|--------|---|---|---|---|---|
| 1. | I think that if my pain gets too severe, it will never decrease. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | When I feel pain, I am afraid that something terrible will happen. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | I go immediately to bed when I feel severe pain. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | I begin trembling when engaged in activity that increases pain. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | I can't think straight when I am in pain. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | I will stop any activity as soon as I sense pain coming on. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. | Pain seems to cause my heart to pound or race. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. | As soon as pain comes on, I take medication to reduce it. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. | When I feel pain, I think that I may be seriously ill. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. | During painful episodes, it is difficult for me to think of anything else besides the pain. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. | I avoid important activities when I hurt. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. | When I sense pain I feel dizzy or faint. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. | Pain sensations are terrifying. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. | When I hurt I think about the pain constantly. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. | Pain makes me nauseous (feel sick to my stomach). | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. | When pain comes on strong I think I might become paralyzed or more disabled. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. | I find it hard to concentrate when I hurt | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. | I find it difficult to calm my body down after periods of pain. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. | I worry when I am in pain. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. | I try to avoid activities that cause pain. | | | | | 0 | 1 | 2 | 3 | 4 | 5 |

***Thank you for completing this questionnaire.
It will help us to better understand your pain problem.***