

UW Concerns About Pain (CAP) Short Form ©

Two Item Short Form v1.0

Instructions: Pain can have a significant effect on your life. Please tell us about its effects on your life by marking one box per row.

In the past 7 days, <u>how often did you have the following thought when you were in pain?</u>	Never	Rarely	Sometimes	Often	Always
1. My pain is more than I can manage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 days, <u>how often ...?</u>	Never	Rarely	Sometimes	Often	Always
2. Did you keep thinking about how much it hurts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>