

UW Pain Related Self-Efficacy Scale Short Form ©

Six Item Short Form v1.0

Instructions: Please rate how confident you are that you can do the following things at present, despite the pain. To indicate your answer please mark one box per row.

How confident are you that...	Not at All	A little bit	Somewhat	Quite a bit	Very much
1. You can do most of your daily activities in spite of your pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You can manage your pain during your daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You can do the things you most want to do in spite of your pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You can keep your pain from interfering with your social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You can be in a good mood in spite of your pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You can get a good night's sleep in spite of your pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>