

UW Concerns About Pain (CAP) Short Form ©

Six 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</u> when you were in pain?	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"/>
2. Because of my pain, I will never be happy again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my pain, my life is terrible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My life will only get worse because of my pain.	<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
5. Did you keep thinking about how much it hurts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you have trouble thinking of anything other than your pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>