

UW Concerns About Pain (CAP) Short Form ©

Eight 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"/>
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"/>
<u>Instructions:</u> 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
7. 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"/>
8. You can manage your pain during your daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>