

PAIN RELATED QUESTIONNAIRE

INSTRUCTIONS: Please circle the number that best describes the answer to the question being asked.

1. In general, how frightened are you of pain:

0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely frightened

2. In general, how frightened are you of re-injury?

0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely frightened

3. In general, how much do you worry about increased pain?

0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely worried

4. In general, how much do you worry about further injury?

0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely worried

5. Are you currently working? Yes No

6. If not, how likely are you to return to work?

0 1 2 3 4 5 6 7 8 9 10
Not at all likely Definitely will return
to work

Name

Date