



My pain concerns form

Read each statement and tick either 'agree' or 'disagree' as to whether this is something you would like to talk to your health-care professional about. Then choose the three most important (by underlining or making a note of them).

Diagnosis and cure	Agree	Disagree
I don't think enough has been done to find out what is wrong.		
I don't know the cause of this condition.		
I don't understand my diagnosis.		
My pain is not getting any better.		
My pain is getting worse.		
Other (please write below).		

The way I'm feeling	Agree	Disagree
I feel frustrated or embarrassed that I can't do the things I used to.		
I feel in a low mood.		
I feel stressed.		
I feel that people are judging me.		
I feel lonely and isolated.		
Other (please write below).		

Changes to my life	Agree	Disagree
I don't see my family and friends.		
I can't continue in or return to work.		
I can't do my usual day-to-day tasks at home.		
I can't get a good night's sleep.		
I can't do leisure activities that I used to enjoy.		
I have money worries.		
Other (please write below).		

My medications	Agree	Disagree
I am concerned about the amount of medication I'm taking.		
I am concerned about the combination of medications I'm taking.		
I am concerned about the side effects of the medication I am on.		
I am concerned that my medication does not help my pain.		
Other (please write below).		