



Pain Self Efficacy Questionnaire

Name: _____

Date: _____

Please rate how **confident** you are that you can do the following things at present, **despite the pain**. To indicate your answer circle **one** of the numbers on the scale under each item, where 0 = not at all confident and 6 = completely confident.

For example:

0	1	2	3	4	5	6

Not at all						Completely
Confident						Confident

Remember, this questionnaire is **not** asking whether or not you have been doing these things, but rather **how confident you are that you can do them at present, despite the pain**.

1. I can enjoy things, despite the pain.

0	1	2	3	4	5	6

Not at all						Completely
Confident						Confident

2. I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain.

0	1	2	3	4	5	6

Not at all						Completely
Confident						Confident

3. I can socialize with my friends or family members as often as I used to do, despite the pain.

0	1	2	3	4	5	6

Not at all						Completely
Confident						Confident

4. I can cope with my pain in most situations.

0	1	2	3	4	5	6

Not at all						Completely
Confident						Confident

