



## 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

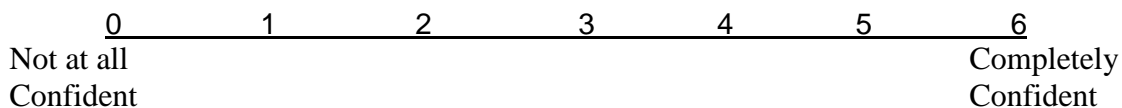
### 3. I can socialize with my friends or family members as often as I used to do, despite the pain.

0	1	2	3	4	5	6
						_____
Not at all						Completely
Confident						Confident

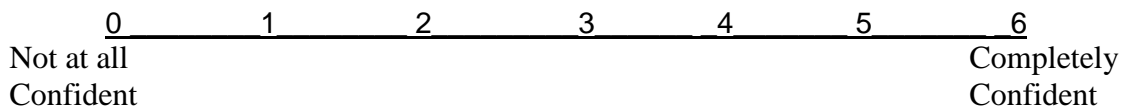
### 4. I can cope with my pain in most situations.

0	1	2	3	4	5	6
						_____
Not at all						Completely
Confident						Confident

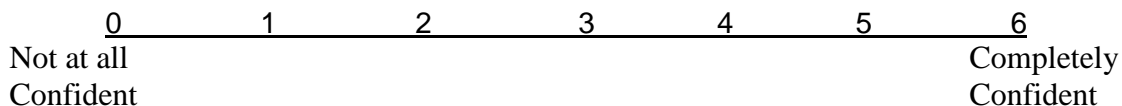
**5. I can do some form of work, despite the pain. (Work includes housework, paid and unpaid work).**



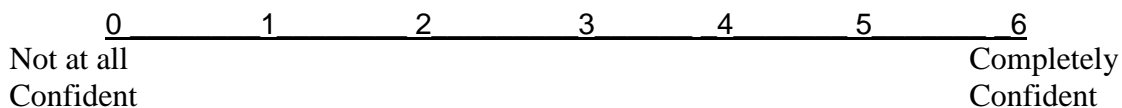
**6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.**



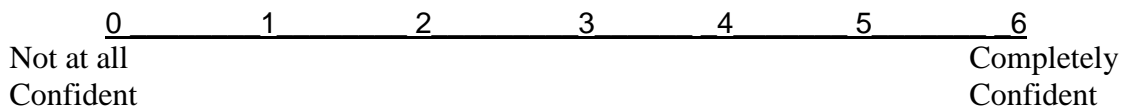
**7. I can cope with my pain without medication.**



**8. I can still accomplish most of my goals in life, despite the pain.**



**9. I can live a normal lifestyle, despite the pain.**



**10. I can gradually become more active, despite the pain.**

