

P C S

Sullivan MJL, Bishop S, Pivik J. (1995)

Name:

Age:

Gender:

Date:

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

Instructions:

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

RATING	0	1	2	3	4
MEANING	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time

When I'm in pain ...

Number	Statement	Rating
1	I worry all the time about whether the pain will end.	
2	I feel I can't go on.	
3	It's terrible and I think it's never going to get any better	
4	It's awful and I feel that it overwhelms me.	
5	I feel I can't stand it anymore.	
6	I become afraid that the pain will get worse.	
7	I keep thinking of other painful events	
8	I anxiously want the pain to go away	
9	I can't seem to keep it out of my mind	
10	I keep thinking about how much it hurts.	
11	I keep thinking about how badly I want the pain to stop	
12	There's nothing I can do to reduce the intensity of the pain	
13	I wonder whether something serious may happen.	

PATIENT NAME: _____

DATE: _____

PHQ-9

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
		PHQ9 total score:			

Q6 CORE10	I made plans to end my life in the last 2 weeks	NO	YES
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GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3
		GAD7 total score:			

Phobia scales

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the situation.

	0	1	2	3	4	5	6	7	8
	-----	-----	-----	-----	-----	-----	-----	-----	-----
	Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it
1	Social situations due to a fear of being embarrassed or making a fool of myself								<input type="text"/>
2	Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)								<input type="text"/>
3	Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying).								<input type="text"/>

Employment Status Questions

Please indicate which of the following options best describes your current status:

Employed full-time (30 hours or more per week)	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Full-time homemaker or carer	<input type="checkbox"/>

Are you currently receiving Statutory Sick Pay? Yes No

Are you currently receiving Job Seekers Allowance, Income support or Incapacity benefit?
Yes No

W&SAS

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

1 **WORK** - if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable)

0	1	2	3	4	5	6	7	8	N/A
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Not at all		Slightly		Definitely		Markedly		Very severely, I cannot work	<input type="checkbox"/>

2 **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.

0	1	2	3	4	5	6	7	8
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Not at all		Slightly		Definitely		Markedly		Very severely

3 **SOCIAL LEISURE ACTIVITIES** - With other people, e.g. parties, pubs, outings, entertaining etc.

0	1	2	3	4	5	6	7	8
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Not at all		Slightly		Definitely		Markedly		Very severely

4 **PRIVATE LEISURE ACTIVITIES** – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.

0	1	2	3	4	5	6	7	8
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Not at all		Slightly		Definitely		Markedly		Very severely

5 **FAMILY AND RELATIONSHIPS** – Form and maintain close relationships with others including the people that I live with.

0	1	2	3	4	5	6	7	8
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Not at all		Slightly		Definitely		Markedly		Very severely
W&SAS total score:								
<input type="text"/>								