

Directions: For each of the following 8 questions, tick the box that best indicates how much your pelvic pain has affected these aspects of your life during the past month. Your answers to these questions can then be summed to give you a final score.

In the past month, how much has your pelvic pain affected your:	Not at all 0	A little bit 1	Somewhat 2	Quite a bit 3	A great deal 4
energy levels?					
mood?					
sleep?					
stomach and intestinal function?					
ability to sit for longer than 20minutes?					
ability to perform and function normally at home / work / school / university?					
ability to take part in physical activity? (e.g., jogging, yoga, bicycling)					

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ability to wear certain clothes? (e.g., underwear, tight fitting clothes)					
If the following questions apply to you, please answer. If not, please leave these blank. These questions will <i>not</i> be added to your summed score.				Total:	
During your last period, how much did your pelvic pain effect your ability to use tampons?					
In the past month, how much has your pelvic pain affected your levels of intimacy or sexual relationships? (e.g., having sex, masturbating)					

Date:

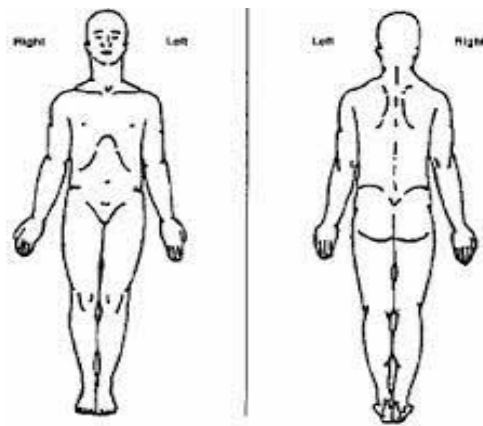
Time:

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain?

Yes

No

- On the diagram, shade in the areas where you feel pain. Put an 'X' on the area that hurts the most.



- Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

0= No pain

10= Pain as bad as you can imagine

0 1 2 3 4 5 6 7 8 9 10

- Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

0= No pain

10= Pain as bad as you can imagine

0 1 2 3 4 5 6 7 8 9 10

- Please rate your pain by circling the one number that best describes your pain on the average.

0= No pain

10= Pain as bad as you can imagine

0 1 2 3 4 5 6 7 8 9 10

6. Please rate your pain by circling the one number that tells how much pain you have right now.

0= No pain

10= Pain as bad as you can imagine

0 1 2 3 4 5 6 7 8 9 10

7. What treatments or medications are you receiving for your pain?

8. In the last 24hours, how much relief have pain treatments or medications provided?
Please circle the one percentage that most shows how much relief you have received.

0%= No relief

100%= Complete relief

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

9. Circle the one number that describes how, during the past 24hours, pain has interfered with you:

0= Does not interfere

10= Completely interferes

A. General Activity

0 1 2 3 4 5 6 7 8 9 10

B. Mood

0 1 2 3 4 5 6 7 8 9 10

C. Walking Ability

0 1 2 3 4 5 6 7 8 9 10

C. Normal work

0 1 2 3 4 5 6 7 8 9 10

D. Relations with other people

0 1 2 3 4 5 6 7 8 9 10

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E. Sleep

0 1 2 3 4 5 6 7 8 9 10

F. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

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 confident						Completely confident

Remember, this questionnaire is **not** asking whether or not you have been doing 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 confident						Completely confident

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

0	1	2	3	4	5	6
Not at all confident						Completely confident

3. I can socialise 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 confident						Completely confident

4. I can cope with my pain in most situations

0	1	2	3	4	5	6
Not at all confident						Completely confident

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

0 1 2 3 4 5 6

Not at all
confident

Completely confident

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

0 1 2 3 4 5 6

Not at all
confident

Completely confident

7. I can cope with my pain without medication.

0 1 2 3 4 5 6

Not at all
confident

Completely confident

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

0 1 2 3 4 5 6

Not at all
confident

Completely confident

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

0 1 2 3 4 5 6

Not at all
Confident

Completely confident

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

0 1 2 3 4 5 6

Not at all
confident

Completely confident

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	

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13	I wonder whether something serious may happen.	
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Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. *The rating scale is as follows:*

- 0 Did not apply to me at all - **NEVER**
- 1 Applied to me to some degree, or some of the time - **SOMETIMES**
- 2 Applied to me to a considerable degree, or a good part of time – **OFTEN**
- 3 Applied to me very much, or most of the time - **ALMOST ALWAYS**

I found it hard to wind down	0	1	2	3
I was aware of dryness of my mouth	0	1	2	3
I couldn't seem to experience any positive feeling at all	0	1	2	3
I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
I found it difficult to work up the initiative to do things	0	1	2	3
I tended to over-react to situations	0	1	2	3
I experienced trembling (eg, in the hands)	0	1	2	3
I felt that I was using a lot of nervous energy	0	1	2	3
I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
I felt that I had nothing to look forward to	0	1	2	3
I found myself getting agitated	0	1	2	3
I found it difficult to relax	0	1	2	3
I felt downhearted and blue	0	1	2	3
I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
I felt I was close to panic	0	1	2	3
I was unable to become enthusiastic about anything	0	1	2	3

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I felt I wasn't worth much as a person	0	1	2	3
I felt that I was rather touchy	0	1	2	3
I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
I felt scared without any good reason	0	1	2	3
I felt that life was meaningless	0	1	2	3
TOTALS:				