

Beliefs About Pain

Causes of The Problem

In the beginning, what did you think caused your pain? What made you believe this?

What have doctors and/or other professionals told you about the cause of your pain?

If you have had diagnostic tests, what did they say? Did you trust them?

Have your ideas about what causes your pain changed over time? If so, how, and why?

Describe your mental picture of your body. What do you think is loose, damaged, scraping, rubbing, pinched, weak, tight, etc.? If you think your body is deteriorating, what process is causing this?

Of the ideas you've had about your pain, which have been the most upsetting?

Care of Your Body

Are you concerned that you may be causing damage if you engage in activities that cause pain? What makes you think this?

Have you had any experiences that convince you that you should "take it easy?"

Do you have any friends or relatives who are limited by pain?

Has resting made you feel better overall? (Over the long run—not just on particular days)

Should you stop doing something if it starts to cause you pain?

Do you think you will need to permanently restrict some of your activities?

Do you worry about other people expecting you to do more than you can do?

Tracking Your Pain and Emotions

Date: _____

Time	Situation	Pain Level (Circle)	Emotions
7:00 am		0 1 2 3 4 5 6 7 8 9 10	
8:00 am		0 1 2 3 4 5 6 7 8 9 10	
9:00 am		0 1 2 3 4 5 6 7 8 9 10	
10:00 am		0 1 2 3 4 5 6 7 8 9 10	
11:00 am		0 1 2 3 4 5 6 7 8 9 10	
12:00 pm		0 1 2 3 4 5 6 7 8 9 10	
1:00 pm		0 1 2 3 4 5 6 7 8 9 10	
2:00 pm		0 1 2 3 4 5 6 7 8 9 10	
3:00 pm		0 1 2 3 4 5 6 7 8 9 10	
4:00 pm		0 1 2 3 4 5 6 7 8 9 10	
5:00 pm		0 1 2 3 4 5 6 7 8 9 10	
6:00 pm		0 1 2 3 4 5 6 7 8 9 10	
7:00 pm		0 1 2 3 4 5 6 7 8 9 10	
8:00 pm		0 1 2 3 4 5 6 7 8 9 10	
9:00 pm		0 1 2 3 4 5 6 7 8 9 10	
10:00 pm		0 1 2 3 4 5 6 7 8 9 10	
11:00 pm		0 1 2 3 4 5 6 7 8 9 10	

Lost Activities

Category	Specific Activity	Pleasant	Neutral	Unpleasant		Easy	Moderate	Difficult
Daily Routines								
Work Activities								
Sports & Recreation								
Social Activities								
Personal / Family Relationships								
Travel								
Other								

Adapted from *Back Sense: A Revolutionary Approach to Halting the Cycle of Chronic Back Pain*. By Ronald D. Siegel, Michael H. Urdang, & Douglas R. Johnson.

Activity Plan

Activity: _____

Frequency: _____
(How often you will do it - times/week)

Duration: _____
(How long you will do it - distance, time, or number of repetitions)

Intensity: _____
(How hard you will do it - speed, weight, or resistance)

Tracking Your Progress

Activity: _____

Planned Frequency: _____

(How often you plan to do it - times/week)

Date	Duration (How long you did it—distance, time, or number of repetitions)	Intensity (How strenuous it was— speed, weight, or resistance)	Emotional Reactions

Concerns About Pain

The following concerns are often voiced by people struggling with chronic pain. Read each one, and rate how true it is for you. Circle the number at the right that matches your feeling. Skip any items that don't apply to your situation.

0 Not at all / 1 A little bit / 2 Moderately / 3 A great deal

The Pain Itself

My pain will never get better. 0 1 2 3

I'll never really be happy because of my pain. 0 1 2 3

I'll never feel whole again because of my pain. 0 1 2 3

I won't be able to bear the pain. 0 1 2 3

Work or School

My pain will interfere with my ability to study, earn a living, or advance in my career in the future. 0 1 2 3

Social Relationships

I worry about keeping up friendships because of the pain. 0 1 2 3

My pain cuts me off from social activities. 0 1 2 3

I can't have regular sex because of my pain. 0 1 2 3

My partner will tire of me because of my pain. 0 1 2 3

People won't like me because my pain makes me irritable and unpleasant. 0 1 2 3

I won't find a romantic partner because of my pain. 0 1 2 3

Family Life and Plans

I am not being a good parent because of my pain. 0 1 2 3

It is difficult for me to play with my children because of my pain. 0 1 2 3

I am less tolerant at home because of my pain. 0 1 2 3

I don't have children, but I worry that I won't be able to be a good mother or father some day because of my pain. 0 1 2 3

Interests and Activities

I miss the activities I've given up. 0 1 2 3

I worry that I'll never again be able to enjoy these. 0 1 2 3

Life has lost some of its meaning because of my pain. 0 1 2 3

Coping with Emotions

- 1) Write down any situation or event that came up recently which brought up feelings (You can also add your own categories).
- 2) Indicate which emotion arose, how strong it was, and how you dealt with it.

Event	Emotions it Brings Up: (Happy, Sad, Angry, Worried, Frustrated, Etc.)	Strength of Feeling : 1=mild 2=moderate 3=strong	How I Dealt with the Emotion:
Family:			
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
Social/friends:			
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	

Adapted from *Back Sense: A Revolutionary Approach to Halting the Cycle of Chronic Back Pain*. By Ronald D. Siegel, Michael H. Urdang, & Douglas R. Johnson.

Work:			
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
Health:			
		1 2 3	
		1 2 3	
		1 2 3	
Other:			
		1 2 3	
		1 2 3	
		1 2 3	

Adapted from *Back Sense: A Revolutionary Approach to Halting the Cycle of Chronic Back Pain*. By Ronald D. Siegel, Michael H. Urdang, & Douglas R. Johnson.