



My pain concerns form

Read each statement and tick either 'agree' or 'disagree' as to whether this is something you would like to talk to your health-care professional about. Then choose the three most important (by underlining or making a note of them).

| Diagnosis and cure | Agree | Disagree |
|---|-------|----------|
| I don't think enough has been done to find out what is wrong. | | |
| I don't know the cause of this condition. | | |
| I don't understand my diagnosis. | | |
| My pain is not getting any better. | | |
| My pain is getting worse. | | |
| Other (please write below). | | |

| The way I'm feeling | Agree | Disagree |
|--|-------|----------|
| I feel frustrated or embarrassed that I can't do the things I used to. | | |
| I feel in a low mood. | | |
| I feel stressed. | | |
| I feel that people are judging me. | | |
| I feel lonely and isolated. | | |
| Other (please write below). | | |

| Changes to my life | Agree | Disagree |
|---|-------|----------|
| I don't see my family and friends. | | |
| I can't continue in or return to work. | | |
| I can't do my usual day-to-day tasks at home. | | |
| I can't get a good night's sleep. | | |
| I can't do leisure activities that I used to enjoy. | | |
| I have money worries. | | |
| Other (please write below). | | |

| My medications | Agree | Disagree |
|--|-------|----------|
| I am concerned about the amount of medication I'm taking. | | |
| I am concerned about the combination of medications I'm taking. | | |
| I am concerned about the side effects of the medication I am on. | | |
| I am concerned that my medication does not help my pain. | | |
| Other (please write below). | | |