**Pain Catastrophizing Scale (PCS)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Course Facilitator: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. | I identify as:  Male  Female  Other | |

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.

|  |
| --- |
| 0 – not at all 1 – to a slight degree 2 – to a moderate degree 3 – to a great degree 4 – all the time |

|  |  |  |
| --- | --- | --- |
| **When I’m in pain…** | | Insert Number |
| 1. | I worry all the time about whether the pain will end. | Click or tap to enter a date. |
| 2. | I feel I can’t go on. | Click or tap to enter a date. |
| 3. | It’s terrible and I think it’s never going to end. | Click or tap to enter a date. |
| 4. | It’s awful and I feel that it overwhelms me. | Click or tap to enter a date. |
| 5. | I feel I can’t stand it anymore. | Click or tap to enter a date. |
| 6. | I become afraid that the pain will get worse. | Click or tap to enter a date. |
| 7. | I keep thinking of other painful events. | Click or tap to enter a date. |
| 8. | I anxiously want the pain to go away. | Click or tap to enter a date. |
| 9. | I can’t seem to keep it out of my mind. | Click or tap to enter a date. |
| 10. | I keep thinking about how much it hurts. | Click or tap to enter a date. |
| 11. | I keep thinking about how badly I want the pain to stop. | Click or tap to enter a date. |
| 12. | There’s nothing I can do to reduce the intensity of pain. | Click or tap to enter a date. |
| 13. | I wonder whether something serious may happen. | Click or tap to enter a date. |
| **…Total** | |  |

**Numeric Pain Scale**

**On a scale of 0 to 10, where 0 represents no pain and 10 represents excruciating pain, please tick the number which best represents your pain level:**

**Right now:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**At its best during the past week:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(For those with continuous pain, what % of time are you at this level? Click or tap here to enter text.?

(0 = none of the time 100 = all of the time)

**At its worst during the past week:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(For those with continuous pain, what % of time are you at this level? Click or tap here to enter text.?

(0 = none of the time 100 = all of the time)

**As it is usually:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(For those with continuous pain, what % of time are you at this level? Click or tap here to enter text.?

(0 = none of the time 100 = all of the time)