

Name \_\_\_\_\_

DOB \_\_\_\_\_

### Self-Efficacy pain subscale.

In the following questions, we'd like to know how your pain affects you. For each of the following questions, please write in the number which corresponds to your certainty that you can now perform the following tasks.

1	2	3	4	5	6	7	8	9	10
Very				Moderately					Very
Uncertain				Uncertain					Certain

1. How certain are you that you can decrease your pain quite a bit? \_\_\_\_\_
2. How certain are you that you can continue most of your daily activities? \_\_\_\_\_
3. How certain are you that you can keep pain from interfering with your sleep? \_\_\_\_\_
4. How certain are you that you can make small to moderate reduction in your pain by using methods other than taking medications? \_\_\_\_\_
5. How certain are you that you can make a large reduction in your pain by using methods other than taking extra medications? \_\_\_\_\_

### Self-Efficacy function subscale

We would like to know how confident you are in performing certain daily activities. For each of the following questions, please write in the number which corresponds to your certainty that you can perform the task as of now, without assistive devices or help from another person. Please consider what you routinely can do, not what would require extraordinary effort.

1	2	3	4	5	6	7	8	9	10
Very				Moderately					Very
Uncertain				Uncertain					Certain

AS OR NOW, HOW CERTAIN ARE YOU THAT YOU CAN:

1. Walk 100 feet on flat ground in 20 seconds? \_\_\_\_\_
2. Walk 10 steps down in 7 seconds? \_\_\_\_\_
3. Get out of an armless chair quickly, without using your hands for support? \_\_\_\_\_
4. Button and unbutton 3 medium sized buttons in a row in 12 seconds? \_\_\_\_\_
5. Cut 2 bite-sized pieces of meat with a knife and fork in 8 seconds? \_\_\_\_\_
6. Turn an outdoor faucet all the way on and all the way off? \_\_\_\_\_
7. Scratch your upper back with both your left and right hands? \_\_\_\_\_

8. Get in and out of a passenger side of car without assistance from another person or without physical aids? \_\_\_\_\_
9. Put on a long-sleeve front-opening shirt or blouse (without unbuttoning) in 8 seconds? \_\_\_\_\_

### Self-Efficacy other symptoms subscale

In the following questions, we would like to know how you feel about your ability to control your pain. For each of the following questions, please write in the number which corresponds to the certainty that you can now perform the following activities or tasks.

1	2	3	4	5	6	7	8	9	10
Very				Moderately					Very
Uncertain				Uncertain					Certain

1. How certain are you that you can control your fatigue? \_\_\_\_\_
2. How certain are you that you can regulate your activity so as to be active without aggravating your pain? \_\_\_\_\_
3. How certain are you that you can do something to help yourself feel better if you are feeling blue? \_\_\_\_\_
4. As compared to other people with pain like yours, how certain are you that you can manage pain during your daily activities? \_\_\_\_\_
5. How certain are you that you can manage your pain symptoms so that you can do the things you enjoy doing? \_\_\_\_\_
6. How certain are you that you can deal with the frustrations of pain? \_\_\_\_\_