

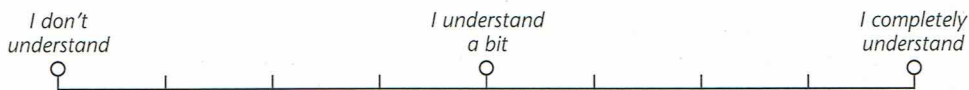
YOUR pain

1

Overall, how well do you understand *your* pain?

Mark the scale where you think your level of understanding is right now and record today's date here...

DD/MM/YY



2

What do you think is causing your pain? All ideas are useful...

<input type="checkbox"/>	→	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Now go back and number them in order of how important you think they are to your pain, where 1 is the most important.

3

Does *your* context change your pain?

Most pains alter with movements and activities, but does your pain change with...

...your level of stress?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
...whether you are doing something you love or hate?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
...what you are thinking about at the time?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
...where you are?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
...who you are with?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
...the things you hear people saying?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?