

FACS

Name: _____ ID #: _____ Date: ____/____/____

Instructions: People respond to pain in different ways. We want to find out how you think and feel about your painful medical condition and how it has affected your activity level. Please think about how you have been over the past week, and circle one number between “0” and “5” from the scale below to answer each question.

5 = Completely Agree

4 = Mostly Agree

3 = Slightly Agree

2 = Slightly Disagree

1 = Mostly Disagree

0 = Completely Disagree

Over the past week, how much do you agree with these statements about your painful medical condition?

	<i>Completely Agree</i>	<i>Mostly Agree</i>	<i>Slightly Agree</i>	<i>Slightly Disagree</i>	<i>Mostly Disagree</i>	<i>Completely Disagree</i>
1) I try to avoid activities and movements that make my pain worse.....	5	4	3	2	1	0
2) I worry about my painful medical condition.....	5	4	3	2	1	0
3) I believe that my pain will keep getting worse until I won't be able to function at all.....	5	4	3	2	1	0
4) I am overwhelmed by fear when I think about my painful medical condition.....	5	4	3	2	1	0
5) I don't attempt certain activities because I am fearful that I will injure (or re-injure) myself.....	5	4	3	2	1	0
6) When my pain is really bad, I also have other symptoms such as nausea, difficulty breathing, heart pounding, trembling, and /or dizziness.....	5	4	3	2	1	0
7) It is unfair that I have to live with my painful medical condition.....	5	4	3	2	1	0
8) My painful medical condition puts me at risk for future injuries (or re-injuries) for the rest of my life.....	5	4	3	2	1	0

Continue.....

Over the past week, how much do you agree with these statements about your painful medical condition?

	<i>Completely Agree</i>	<i>Mostly Agree</i>	<i>Slightly Agree</i>	<i>Slightly Disagree</i>	<i>Mostly Disagree</i>	<i>Completely Disagree</i>
9) Because of my painful medical condition, my life will never be the same.....	5	4	3	2	1	0
10) I have no control over my pain.....	5	4	3	2	1	0
11) I don't attempt certain activities and movements because I am fearful that my pain will increase.....	5	4	3	2	1	0
12) It is someone else's fault that I have this painful medical condition.....	5	4	3	2	1	0
13) The pain from my medical condition is a warning signal that something is dangerously wrong with me.....	5	4	3	2	1	0
14) No one understands how severe my painful medical condition is.....	5	4	3	2	1	0

**Start each of the following items with this statement:
Over the past week, due to my painful medical condition I have avoided the following...**

	<i>Completely Agree</i>	<i>Mostly Agree</i>	<i>Slightly Agree</i>	<i>Slightly Disagree</i>	<i>Mostly Disagree</i>	<i>Completely Disagree</i>
15) ...strenuous activities (like doing heavy yard work or moving heavy furniture).....	5	4	3	2	1	0
16) ...moderate activities (like cooking dinner or cleaning the house).....	5	4	3	2	1	0
17) ...light activities (like going to the movies or going out to lunch).....	5	4	3	2	1	0
18) ...my full duties and chores at home and/or at work.....	5	4	3	2	1	0
19) ...recreation and/or exercise (things that I do for fun and good health).....	5	4	3	2	1	0
20) ...activities where I have to use my painful body part(s)...	5	4	3	2	1	0

Total Score: _____