

YOUR PAIN

DD/MM/YY

1. Overall, how well do you understand your symptoms and why you hurt?

Mark the scale below where you think your level of understanding is today:

I don't understand	I understand a bit	I completely understand
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2. Overall, how well do you understand your medical diagnosis?

Mark the scale below where you think your level of understanding is today:

I don't understand	I understand a bit	I completely understand
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3. How much would you like to understand about why you hurt?

I want to understand	I want to understand a bit	I want to completely understand
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4. What do you think is causing your symptoms?

5. What relationship is there between your symptoms and the following situations:

		Unrelated	Increases	Decreases	Maintains
a)	Your level of stress				
b)	What you are doing at that time				
c)	What you are thinking at that time				
d)	What you are feeling at this time				
e)	Who you are with				
f)	Where you are				
g)	The things you hear people saying/others opinions				

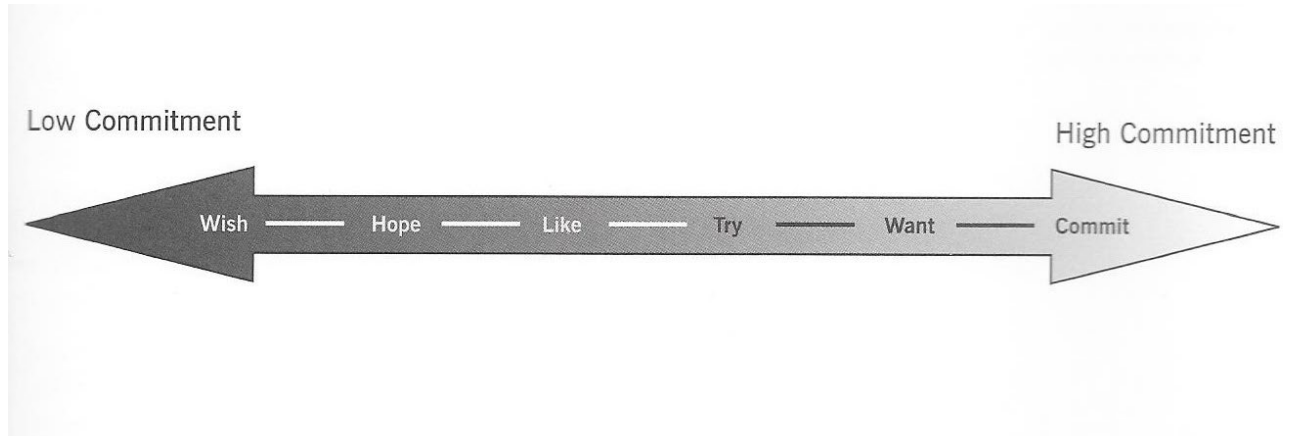
5. What do you believe about your wellbeing improving? Please tick all that apply.

- I will never get better
- I will always have to suffer this
- I will get better with support
- I will definitely get better
- Other (please state):



6. How motivated and committed are you to improve your wellbeing?

Look at the diagram below and circle the word that best describes how committed you are to getting better e.g. I will **try** to get better



7. How much of the following are you willing to invest in improving your wellbeing?

- a) Time (specify how much time will you set aside each day to getting better)
- b) Physical effort
- c) Money (quantify the amount of money you are willing to invest)

8. What else do you need to help you improve your wellbeing?



9. What is your preferred learning style? (tick as many as you like)

- Visual - I like to see things performed e.g. video, drawing
- Aural – I like to listen e.g. podcasts, lectures
- Read/write – I like to read and make notes e.g. information leaflet
- Kinaesthetic – I like to experience something physically/to feel it e.g. someone touches you to correct an exercise
- All of the above
- I do not know

10. How much do you trust your therapist?

I don't trust

I trust a bit

I trust completely

11. How competent do you believe your therapist is to help you with your issue?

Not competent

Somewhat competent

Completely competent