

						PCS
Client No.:	Ag	e:	Sex: M()	F()	Date:	
Everyone experient headaches, tooth pain such as illness	ain, joint or mus	cle pain. Peop	ole are often e			
We are interested below are thirteen pain. Using the foll feelings when you	statements desc owing scale, plea	ribing different ase indicate th	t thoughts and	d feelings th	at may be as	ssociated with
0 – not at all _ 1 – to	o a slight degree	2 – to a mode	rate degree	3 – to a gr	eat degree	4 – all the time
When	I'm in pain					
1	I worry all the time about whether the pain will end.					
2	I feel I can't go on.					
3	It's terrible and I think it's never going to get any better.					
4	It's awful and I feel that it overwhelms me.					
5	I feel I can't stand it anymore.					
6	I become afraid that the pain will get worse.					
7	I keep thinking of other painful events.					
8	I anxiously want the pain to go away.					
9	I can't seem to keep it out of my mind.					
10	I keep thinking about how much it hurts.					
11	I keep thinking about how badly I want the pain to stop.					
12	There's nothing I can do to reduce the intensity of the pain.					
13	I wonder whether something serious may happen.					