

FEAR OF PAIN QUESTIONNAIRE – III

Participant ID:.....

INSTRUCTIONS: The items listed below describe painful experiences. Please look at each item and think about how **FEARFUL** you are of experiencing the **PAIN** associated with each item. If you have never experienced the **PAIN** of a particular item, please answer on the basis of how **FEARFUL** you expect you would be if you had such an experience. Circle one number for each item below to rate your **FEAR OF PAIN** in relation to each event.

| Not At All | A Little | A Fair Amount | Very Much | Extreme |
|---------------|----------|------------------|--------------|---------|
|---------------|----------|------------------|--------------|---------|

I FEAR the PAIN associated with:

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | Being in an automobile accident. | 1 | 2 | 3 | 4 | 5 |
| 2. | Biting your tongue while eating. | 1 | 2 | 3 | 4 | 5 |
| 3. | Breaking your arm. | 1 | 2 | 3 | 4 | 5 |
| 4. | Cutting your tongue licking an envelope. | 1 | 2 | 3 | 4 | 5 |
| 5. | Having a heavy object hit you in the head. | 1 | 2 | 3 | 4 | 5 |
| 6. | Breaking your leg. | 1 | 2 | 3 | 4 | 5 |
| 7. | Hitting a sensitive bone in your elbow – your “funny bone.” | 1 | 2 | 3 | 4 | 5 |
| 8. | Having a blood sample drawn with a hypodermic needle. | 1 | 2 | 3 | 4 | 5 |
| 9. | Having someone slam a heavy car door on your hand. | 1 | 2 | 3 | 4 | 5 |
| 10. | Falling down a flight of concrete stairs. | 1 | 2 | 3 | 4 | 5 |
| 11. | Receiving an injection in your arm. | 1 | 2 | 3 | 4 | 5 |
| 12. | Burning your fingers with a match. | 1 | 2 | 3 | 4 | 5 |
| 13. | Breaking your neck. | 1 | 2 | 3 | 4 | 5 |
| 14. | Receiving an injection in your hip/buttocks. | 1 | 2 | 3 | 4 | 5 |
| 15. | Having a deep splinter in the sole of your foot probed and removed with tweezers. | 1 | 2 | 3 | 4 | 5 |

Questions Continue on Next Page →

| Not At All | A Little | A Fair Amount | Very Much | Extreme |
|---------------|-------------|------------------|--------------|---------|
|---------------|-------------|------------------|--------------|---------|

I FEAR the PAIN associated with:

| | | | | | | |
|-----|--|---|---|---|---|---|
| 16. | Having an eye doctor remove a foreign particle stuck in your eye. | 1 | 2 | 3 | 4 | 5 |
| 17. | Receiving an injection in your mouth. | 1 | 2 | 3 | 4 | 5 |
| 18. | Being burned on your face by a lit cigarette. | 1 | 2 | 3 | 4 | 5 |
| 19. | Getting a paper-cut on your finger. | 1 | 2 | 3 | 4 | 5 |
| 20. | Receiving stitches in your lip. | 1 | 2 | 3 | 4 | 5 |
| 21. | Having a foot doctor remove a wart from your foot with a sharp instrument. | 1 | 2 | 3 | 4 | 5 |
| 22. | Cutting yourself while shaving with a sharp razor. | 1 | 2 | 3 | 4 | 5 |
| 23. | Gulping a hot drink before it has cooled. | 1 | 2 | 3 | 4 | 5 |
| 24. | Getting strong soap in both your eyes while bathing or showering. | 1 | 2 | 3 | 4 | 5 |
| 25. | Having a terminal illness that causes you daily pain. | 1 | 2 | 3 | 4 | 5 |
| 26. | Having a tooth pulled. | 1 | 2 | 3 | 4 | 5 |
| 27. | Vomiting repeatedly because of food poisoning. | 1 | 2 | 3 | 4 | 5 |
| 28. | Having sand or dust blow into your eyes. | 1 | 2 | 3 | 4 | 5 |
| 29. | Having one of your teeth drilled. | 1 | 2 | 3 | 4 | 5 |
| 30. | Having a muscle cramp. | 1 | 2 | 3 | 4 | 5 |