Individuals who experience pain develop different ways to respond to that pain. We would like to know what you do and what you think about when in pain. Please use the rating scale below to indicate how often you engage in each of the following thoughts or activities. Mark any number from 0 *(NEVER)* to 5 (*ALWAYS)* for each item.

1. I think that if my pain gets too severe, it will never decrease

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

2. When I feel pain, I am afraid that something terrible will happen

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

3. I go immediately to bed when I feel severe pain

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

4. I begin trembling when engaged in an activity that increases pain

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

5. I can't think straight when in pain

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

6. I will stop any activity as soon as I sense pain coming on

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

7. Pain seems to cause my heart to pound or race

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

8. As soon as pain comes on, I take medication to reduce it

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

9. When I feel pain I think that I might be seriously ill

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

10. During painful episodes it is difficult for me to think of anything besides the pain

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

11. I avoid important activities when I hurt

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

12. When I sense pain, I feel dizzy or faint

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

13. Pain sensations are terrifying

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

14. When I hurt, I think about the pain constantly

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

15. Pain makes me nauseous

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

16. When pain comes on strong, I think that I might become paralyzed or more disabled

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

17. I find it hard to concentrate when I hurt

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

18. I find it difficult to calm my body down after periods of pain

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

19. I worry when I am in pain

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

20. I try to avoid activities that cause pain

\_0. Never \_1. \_2. \_3 \_4. \_5. Always

Notes: Scoring

1. Cognitive subscale: sum of items 1 to 5
2. Escape/avoidance subscale: sum of items 6 to 10
3. Fear subscale: sum of items 11 to 15
4. Physiological Anxiety subscale: sum of items 16 to 20
5. Total/overall: sum of the subscale scores

Reference:

McCracken LM, Dhingra L. A short version of the Pain Anxiety Symptoms Scale (PASS-20): preliminary development and validity. *Pain Res Manag*. 2002;7(1):45-50.