



My pain concerns form

What is the 'My pain concerns form'?

Pain can bring with it a number of concerns and worries. The 'My pain concerns form' gives details of a number of common concerns that people with pain have. The concerns may be to do with:

- not knowing what is going on
- things in your life that have changed
- the way you are feeling; and
- the medication you have been prescribed.

Or you may have other concerns that do not fall into these categories.



Why have I been given this form?

You have been given this form to help you and your health-care professional talk about the concerns you have about your pain. It will help you both focus on the things that are most important to you to make sure these are covered during your appointment time.

Talking through the concerns and possible solutions should help you start to reduce the effect that pain is having on your everyday life.

What do I have to do?

Before your next appointment, please fill in this form and bring it along with you. Fill in the form by:

1. reading each statement and ticking either 'agree' or 'disagree' as to whether this is something you would like to talk to your health-care professional about;
2. writing in any concerns not listed on the form where it says 'other'; and
3. looking at the statements where you have ticked 'agree' and any you have written under 'other' and underlining the three which are most important for you to talk about at your upcoming consultation.



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Why do I have to pick the three most important?

As you know appointments with health-care professionals are limited in time so identifying the three most important concerns for you right now will help you and your health-care professional focus. It's not to say the other concerns are not valid or important. You might find that dealing with your most important concerns helps with the other areas too. However, you can still talk about these concerns with your health-care professional at a future appointment.



What happens once I have filled in the form?



This form is to help you prepare for your appointment. Knowing what you would like to discuss will help you get the most out of your consultation.

On page 3 there are some suggested questions you might want to ask. You might also have your own questions based on the concerns you have identified.

Do I have to fill in the form?

No. It is completely up to you whether you fill in the form.





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Read each statement and tick either 'agree' or 'disagree' as to whether this is something you would like to talk to your health-care professional about.

Diagnosis and cure	Agree	Disagree
I don't think enough has been done to find out what is wrong.	<input type="checkbox"/>	<input type="checkbox"/>
I don't know the cause of this condition.	<input type="checkbox"/>	<input type="checkbox"/>
I don't understand my diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
My pain is not getting any better.	<input type="checkbox"/>	<input type="checkbox"/>
My pain is getting worse.	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write below).		

The way I'm feeling	Agree	Disagree
I feel frustrated or embarrassed that I can't do the things I used to.	<input type="checkbox"/>	<input type="checkbox"/>
I feel in a low mood.	<input type="checkbox"/>	<input type="checkbox"/>
I feel stressed.	<input type="checkbox"/>	<input type="checkbox"/>
I feel that people are judging me.	<input type="checkbox"/>	<input type="checkbox"/>
I feel lonely and isolated.	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write below).		

Changes to my life	Agree	Disagree
I don't see my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>
I can't continue in or return to work.	<input type="checkbox"/>	<input type="checkbox"/>
I can't do my usual day-to-day tasks at home.	<input type="checkbox"/>	<input type="checkbox"/>
I can't get a good night's sleep.	<input type="checkbox"/>	<input type="checkbox"/>
I can't do leisure activities that I used to enjoy.	<input type="checkbox"/>	<input type="checkbox"/>
I have money worries.	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write below).		

My medications	Agree	Disagree
I am concerned about the amount of medication I'm taking.	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about the combination of medications I'm taking.	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about the side effects of the medication I am on.	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned that my medication does not help my pain.	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write below).		