

PAIN COPING INVENTORY (PCI)



PHYSIOTUTORS

Patient Name: _____

Today's date: _____

Date of birth: _____

Sex: male | female | other

Achieved level of education: _____

Pain medication use: Yes | No

INSTRUCTIONS

People who suffer from pain develop various ways to manage this pain. On the next pages are a number of statements about what you do or think when you are in pain.

We ask you to indicate how often you act or think as described. You do this by circling one of the possible answers behind the statement.

Below you find an **example** of the manner in which you can reply to the statements.

EXAMPLE

If you **sometimes** take a bath or shower when you are in pain you check the number 2:

	hardly ever	sometimes	often	very often
I take a bath or shower	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)

Take your time when you work from one statement to the next. There are no right or wrong answers: it is rather your opinion that matters. It goes without saying that not all statements will apply to you. Please complete the following inventory.

	hardly ever	sometimes	often	very often
1. I quit my activities.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
2. I continue my activities, but with less effort.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
3. I continue my activities, but in a slower pace.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
4. I continue my activities, but less precise.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
5. I confine myself to simple activities.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
6. I take care that I don't have to exert myself physically.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
7. I take rest by sitting or lying down.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
8. I take on a comfortable bodily posture.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
9. I take a bath or shower.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
10. I take care that I don't get upset.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
11. I retreat in a restful environment.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
12. I take care that I am not bothered by annoying sounds.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)

	hardly ever	sometimes	often	very often
13. I take care that I am not bothered by the light (e.g. by putting on sunglasses, closing the curtains).	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
14. I take care of what I eat or drink.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
15. I pretend the pain is not present.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
16. I pretend the pain does not concern my body.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
17. I focus on the pain all the time.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
18. I imagine the pain less violent than it really is.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
19. I think of pleasant things or events.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
20. I distract myself by undertaking a physical activity (e.g. walking, cycling or swimming).	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
21. I distract myself by reading, listening to music, watching a tv-programme or something like it	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
22. I do something I find pleasant.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
23. I self-administer other physical stimuli (e.g. by clenching my fists, by pinching myself, by pressing or rubbing on the site of the pain).	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
24. I think of all things that remain undone because I am in pain.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
25. I start worrying.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
26. I wonder about the cause of the pain.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
27. I think that the pain will worsen.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
28. I think of moments when I was not in pain.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
29. I think I go mad with pain.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
30. I remember other people's difficulties.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
31. I think that others do not understand what it is to be in such pain.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
32. I separate myself.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
33. When I am outdoors I try to return home as soon as possible.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
34. I have a way of my own to lessen the pain or make it more bearable.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)



MORE INFORMATION