



Lifespan Physician Group, Inc.
 Obstetrics & Gynecology
Delivering health with care®

Name
DOB
MRN

Pelvic Pain Program

Date: _____ Name: _____ Date of Birth: _____

Please put a check mark in the column that represents the degree to which you feel the following:					
When I'm in pain...					
	Not at all (0)	To a slight degree (1)	To a moderate degree (2)	To a great degree (3)	All the time (4)
I worry all the time about whether the pain will end.					
I feel I can't go on.					
It's terrible and I think it's never going to get any better.					
It's awful and I feel it overwhelms me.					
I feel I can't stand it anymore.					
I become afraid that the pain will get worse.					
I keep thinking of other painful events.					
I anxiously want the pain to go away.					
I can't seem to keep it out of my mind.					
I keep thinking about how much it hurts.					
I keep thinking about how badly I want the pain to stop.					
There's nothing I can do to reduce the intensity of the pain.					
I wonder if something serious may happen.					

Source: Sullivan MJL, Bishop S, Pivik J. The pain catastrophizing scale: development and validation. Psychol Assess, 1995, 7: 524-532.