

## FEAR OF PAIN QUESTIONNAIRE – III

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**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
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### I FEAR the PAIN associated with:

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|---|---|---|---|---|---|
| 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 |

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Not At All	A Little	A Fair Amount	Very Much	Extreme
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**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