

# **Beliefs About Pain**

**(From *Back Sense*, Chapter 2)**

## **Causes of The Problem**

In the beginning, what did you think caused your pain? What made you believe this?

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What have doctors and/or other professionals told you about the cause of your pain?

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If you have had diagnostic tests, what did they say? Did you trust them?

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Have your ideas about what causes your pain changed over time? If so, how, and why?

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Describe your mental picture of your back. What do you think is loose, damaged, scraping, rubbing, pinched, weak, tight, etc.? If you think your back is deteriorating, what process is causing this?

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Of the ideas you've had about your back, which have been the most upsetting?

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## **Care of Your Back**

Are you concerned that you may be causing damage if you engage in activities that cause pain? What makes you think this?

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Have you had any experiences that convince you that you should "take it easy" on your back?

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Do you have any friends or relatives who are limited by back pain?

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## Beliefs About Pain (Continued)

Has resting your back has made you feel better overall? (Over the long run—not just on particular days)

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Should you stop doing something if it starts to cause you pain?

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Do you think you will need to permanently restrict some of your activities?

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Do you worry about other people expecting you to do more than you can do?

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## Tracking Your Pain and Emotions

(From *Back Sense*, Chapter 7)

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

Time	Situation	Pain Level (Circle)	Emotions
7:00 am		0 1 2 3 4 5 6 7 8 9 10	
8:00 am		0 1 2 3 4 5 6 7 8 9 10	
9:00 am		0 1 2 3 4 5 6 7 8 9 10	
10:00 am		0 1 2 3 4 5 6 7 8 9 10	
11:00 am		0 1 2 3 4 5 6 7 8 9 10	
12:00 pm		0 1 2 3 4 5 6 7 8 9 10	
1:00 pm		0 1 2 3 4 5 6 7 8 9 10	
2:00 pm		0 1 2 3 4 5 6 7 8 9 10	
3:00 pm		0 1 2 3 4 5 6 7 8 9 10	
4:00 pm		0 1 2 3 4 5 6 7 8 9 10	
5:00 pm		0 1 2 3 4 5 6 7 8 9 10	
6:00 pm		0 1 2 3 4 5 6 7 8 9 10	
7:00 pm		0 1 2 3 4 5 6 7 8 9 10	
8:00 pm		0 1 2 3 4 5 6 7 8 9 10	
9:00 pm		0 1 2 3 4 5 6 7 8 9 10	
10:00 pm		0 1 2 3 4 5 6 7 8 9 10	
11:00 pm		0 1 2 3 4 5 6 7 8 9 10	

# Lost Activities

(From *Back Sense*, Chapter 8)

Category	Specific Activity	Pleasant	Neutral	Unpleasant		Easy	Moderate	Difficult
<b>Daily Routines</b>								
<b>Work Activities</b>								
<b>Sports &amp; Recreation</b>								
<b>Social Activities</b>								
<b>Personal / Family Relationships</b>								
<b>Travel</b>								
<b>Other</b>								

## **Activity Plan**

**(From *Back Sense*, Chapter 8)**

Activity: \_\_\_\_\_

Frequency: \_\_\_\_\_  
(How often you will do it - times/week)

Duration: \_\_\_\_\_  
(How long you will do it - distance, time, or number of repetitions)

Intensity: \_\_\_\_\_  
(How hard you will do it - speed, weight, or resistance)



## Concerns About Back Pain (From *Back Sense*, Chapter 9)

The following concerns are often voiced by people struggling with chronic back pain. Read each one, and rate how true it is for you. Circle the number at the right that matches your feeling. Skip any items that don't apply to your situation.

0 Not at all / 1 A little bit / 2 Moderately / 3 A great deal

### The Pain Itself

My back pain will never get better. 0 1 2 3

I'll never really be happy because of my pain. 0 1 2 3

I'll never feel whole again because of my pain. 0 1 2 3

I won't be able to bear the pain. 0 1 2 3

### Work or School

My pain will interfere with my ability to study,  
earn a living, or advance in my career in the future. 0 1 2 3

### Social Relationships

I worry about keeping up friendships because of the pain. 0 1 2 3

My pain cuts me off from social activities. 0 1 2 3

I can't have regular sex because of my back pain. 0 1 2 3

My partner will tire of me because of my pain. 0 1 2 3

People won't like me because my back pain makes me  
irritable and unpleasant. 0 1 2 3

I won't find a romantic partner because of my pain. 0 1 2 3

### Family Life and Plans

I am not being a good parent because of my pain. 0 1 2 3

It is difficult for me to play with my children because of my pain. 0 1 2 3

I am less tolerant at home because of my pain. 0 1 2 3

## **Concerns About Back Pain (Continued)**

I don't have children, but I worry that I won't be able to be a good mother or father some day because of my pain. 0 1 2 3

### **Interests and Activities**

I miss the activities I've given up. 0 1 2 3

I worry that I'll never again be able to enjoy these. 0 1 2 3

Life has lost some of its meaning because of my back pain. 0 1 2 3



## Coping With Emotions

(From *Back Sense*, Chapter 10)

Event	Emotions it Brings Up: (Happy, Sad, Angry, Worried, Frustrated, Etc.)	Strength of Feeling : 1=mild 2=moderate 3=strong	How I Dealt with the Emotion:
<b>Family:</b>			
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
<b>Social/friends:</b>			
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
<b>Work:</b>			
		1 2 3	
		1 2 3	
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		1 2 3	
		1 2 3	
<b>Health:</b>			
		1 2 3	
		1 2 3	
		1 2 3	
<b>Other:</b>			
		1 2 3	
		1 2 3	
		1 2 3	

## Strength Training Log - Floor to Waist Lift (From *Back Sense*, Chapter 13)

Use this table to record the weight you use with an *X*, referring to the column at the left. Each column should be used for one session. Fill in the date of each session at the bottom.

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<b>Date</b>																		

# Strength Training Log - Waist to Chest Lift

(From *Back Sense*, Chapter 13)

Use this table to record the weight you use with an *X*, referring to the column at the left. Each column should be used for one session. Fill in the date of each session at the bottom.

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# Endurance Log

(From *Back Sense*, Chapter 13)

Use this table to record the number of minutes you exercise with an *X*, referring to the column at the left. Each column should be used for one session. Fill in the date of each session at the bottom of the column. Record your heart rate(pulse) in the row labeled H.R.

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<b>H.R.</b>																		
<b>Date</b>																		