**CPAQ**

**Directions:** Below you will find a list of statements. Please rate the truth of each statement as it applies to you. Use the following rating scale to make your choices. For instance, if you believe a statement is ‘Always True,’ you would write a 6 in the blank next to that statement.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never True</td>
<td>Very rarely true</td>
<td>Seldom true</td>
<td>Sometimes true</td>
<td>Often true</td>
<td>Almost always true</td>
<td>Always true</td>
</tr>
</tbody>
</table>

1. _____ I am getting on with the business of living no matter what my level of pain is.
2. _____ My life is going well, even though I have chronic pain.
3. _____ It’s OK to experience pain.
4. _____ I would gladly sacrifice important things in my life to control this pain better.
5. _____ It’s not necessary for me to control my pain in order to handle my life well.
6. _____ Although things have changed, I am living a normal life despite my chronic pain.
7. _____ I need to concentrate on getting rid of my pain.
8. _____ There are many activities I do when I feel pain.
9. _____ I lead a full life even though I have chronic pain.
10. _____ Controlling pain is less important than any other goals in my life.
11. _____ My thoughts and feelings about pain must change before I can take important steps in my life.
12. _____ Despite the pain, I am now sticking to a certain course in my life.
13. _____ Keeping my pain level under control takes first priority whenever I’m doing something.
14. _____ Before I can make any serious plans, I have to get some control over my pain.
15. _____ When my pain increases, I can still take care of my responsibilities.
16. _____ I will have better control over my life if I can control my negative thoughts about pain.
17. _____ I avoid putting myself in situations where my pain might increase.
18. _____ My worries and fears about what pain will do to me are true.
19. _____ It’s a relief to realize that I don’t have to change my pain to get on with my life.
20. _____ I have to struggle to do things when I have pain.
Scoring: Chronic pain acceptance questionnaire

Activities engagement: Sum items 1, 2, 3, 5, 6, 8, 9, 10, 12, 15, 19

Pain willingness: Reverse score items 4, 7, 11, 13, 14, 16, 18, 18, 20 and sum

Total: activity engagement + pain willingness