

**MAPs patient assessment – Please complete this before you do the MAPS course, and again after the MAPS course and return to your GP practice. Please circle the most appropriate answer.**

**Your Name;**

**Date of birth**

**My life is limited by pain**

Disagree

Agree

1      2      3      4      5      6      7

**I do not understand why I have chronic pain**

Disagree

Agree

1      2      3      4      5      6      7

**I worry about my pain a lot**

Disagree

Agree

1      2      3      4      5      6      7

**My pain affects my mood negatively**

Disagree

Agree

1      2      3      4      5      6      7

**My social activities are limited because of pain**

Disagree

Agree

1      2      3      4      5      6      7

**My daily activities, dressing, eating etc are limited because of pain**

Disagree

Agree

1      2      3      4      5      6      7

**I think stronger painkillers would help my pain**

Disagree

Agree

1      2      3      4      5      6      7

**( For after the MAPs course) The MAPS course helped me understand my pain**

Disagree

Agree

1      2      3      4      5      6      7

**The MAPS course helped me manage my pain**

Disagree

Agree

1      2      3      4      5      6      7

(Modified from the CA Pollard pain index)