



Central Aspects of Pain (CAP) Questionnaire

Please select the response that best describes how you have felt over the *PAST WEEK*. Joint pain may be due to pain in any of your joints, such as fingers, wrist, toes, knees, hips, etc. Please tick one box only per statement and try not to leave any statements blank.

	never	sometimes	often	always
1. Cold or heat (e.g., bath water) on my joint was painful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I generally felt tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My joint pain stopped me concentrating on what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I kept thinking about how much my joint hurts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In general, I got sudden feelings of panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Joint pain affected my sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I generally still enjoyed the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. This next question is about pain you may have had in any part of your body. Please shade in the diagram below, to indicate where you have suffered any pain for most days in the last 4 WEEKS . By pain we also mean aching and/or discomfort. Please do not include pain due to feverish illness such as flu.				

