

Chronic Pain Experience Inventory

This exploratory questionnaire describes how a person lives with chronic pain, whatever its cause: its impact on activities, mood, and sleep, the feeling of not being believed by family, friends, or health care providers, and the person's relationship to pain (catastrophizing, fear and avoidance of movement, the struggle to make it go away). Grounded in the fear-avoidance model and acceptance-based approaches, it identifies what maintains disability and suffering and helps choose the targets of psychological care alongside medical follow-up.

Number of questions	28 questions
Estimated duration	7 minutes
Language	English
Original name	Chronic Pain Experience Inventory
Target audience	Adults
Category	General

Preview of the 28 questions

Over the past month, how often has this been true for you?

The pain slows me down in everyday tasks (housework, errands, bathing).

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

My thoughts revolve around my pain.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I avoid certain movements because I'm afraid they'll make the pain worse.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I feel discouraged by my pain.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

The pain wakes me up at night.

Never | Rarely | Sometimes | Often | Very often

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Scoring

Each statement is scored from 0 (never) to 4 (very often) based on its frequency over the past month. Each domain combines 4 statements spread throughout the questionnaire, giving a score from 0 to 16.

Reading the profile

There is no total score. Domains are ranked from most to least elevated, each with a description of what it covers and points to explore in the interview. Catastrophizing, fear and avoidance of movement, and the struggle against pain describe the person's relationship to pain, a direct target of CBT and acceptance and commitment therapy; the other domains describe its impact and how family, friends, and health care providers respond to it. In the fear-avoidance model, catastrophizing and fear of movement often weigh more heavily on disability than pain intensity does: they remain treatment targets even when the pain persists.

Clinical cautions

The questionnaire does not measure pain intensity and explores neither the use of pain medication, especially opioids, nor suicidal thoughts, which are more common with chronic pain. These should be addressed in the interview, especially when mood and catastrophizing are elevated.

Limitations

This exploratory questionnaire has not undergone psychometric validation and has no cutoffs. It supports the clinical interview and does not provide a diagnosis.

Scoring example

Scoring

Mood and irritability 11 / 16

Discouragement, sadness, anger, and irritability related to the pain and to what it keeps the person from doing.

Areas to explore: mood over the course of the day, losses related to the pain (work, roles, plans), anger and its targets, associated depression.

See also: HADS, Depressive Mood Inventory.

Struggle against pain 11 / 16

Efforts to eliminate or control the pain at the expense of what matters: searching for a solution, life put on hold, non-acceptance, overdoing it followed by forced rest.

Areas to explore: the treatments and consultations tried, what the person is waiting for before getting back to their life, the alternation between overloaded days and forced rest, what matters to them despite the pain.

Impact on activities 10 / 16

Activities slowed down, interrupted, or given up because of pain: everyday tasks, work, leisure, outings.

Areas to explore: the activities given up and those still possible, the work situation and sick leave, what the person misses most.

See also: PDI (Pain Disability Index).

Sleep and fatigue 9 / 16

Nights disrupted by pain and daytime fatigue, each making the other worse.

Areas to explore: awakenings caused by pain, daytime fatigue, the effects of treatments, the link between a bad night and the next day's pain.

See also: Sleep Difficulties Inventory, ISI.

Relationships and health care 9 / 16

The feeling of not being believed or understood by family, friends, and health care providers, hidden pain, feeling alone with the pain.

Areas to explore: the people who doubt or downplay the pain, the person's experience of health care and its disappointments, recognition at work, available support.

Fear and avoidance of movement 8 / 16

Fear that moving or exerting oneself will worsen the pain or damage the body, and the avoidance and monitoring that follow.

Areas to explore: the movements and activities avoided, what the person fears will happen, what health care providers have told them about movement, the possibility of a gradual return to activity.

See also: FABQ.

Catastrophizing 1 / 16

Thoughts that amplify the pain and its threat: rumination, worst-case scenarios, a sense of helplessness.

Areas to explore: what the person tells themselves when the pain increases, what they fear for the future, what sometimes gives them a little control over the pain.

See also: PCS.

No validated clinical or psychometric cutoffs have been established for this test yet. The results should therefore be considered exploratory indicators, meant to support the clinical interview, not diagnostic findings.

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 Emily T. - Online CBT Psychologist