

## The Survey of Pain Attitudes (SOPA)

Overview: The Survey of Pain Attitudes (SOPA) measures the beliefs of a patient with chronic pain that influence the person's adjustment to the pain. It can be used to help separate those who are adjusting well to the pain from those who are not. The authors are from the University of Washington in Seattle.

Beliefs related to pain measured by the survey:

- (1) control: belief in one's personal control over pain
- (2) solicitude: belief in the appropriateness of solicitous responses from one's family when in pain
- (3) medication: belief that medications are appropriate for chronic pain problems
- (4) disability: belief in oneself as unable to function because of pain
- (5) emotion: belief in a relationship between emotions and pain
- (6) medical cure: belief that a medical cure exists for one's pain problems
- (7) harm: belief that pain signifies damage and that exercise and activity should therefore be restricted. There may be a hesitancy to exercise because of a fear for possible injury.

Instructions:

Please indicate how much you agree with each of the following statements about your pain problem by using the following scale.

Statements:

- (1) There are many times when I can influence the amount of pain I feel.
- (2) The pain I usually experience is a signal that damage is being done.
- (3) I do not consider my pain to be a disability.
- (4) Nothing but my pain really bothers me.
- (5) Pain is a signal that I have not been exercising enough.
- (6) My family does not understand how much pain I am in.
- (7) I count more on my doctors to decrease my pain than I do on myself.
- (8) I will probably always have to take pain medication.
- (9) When I hurt I want my family to treat me better.
- (10) If my pain continues at its present level I will be unable to work.
- (11) The amount of pain I feel is completely out of my control.

- (12) I do not expect a medical cure for my pain.
- (13) Pain does not necessarily mean that my body is being harmed.
- (14) I have had the most relief from pain with the use of medication.
- (15) Anxiety increases the pain I feel.
- (16) There is little that I or anyone can do to ease the pain I feel.
- (17) When I am hurting people should treat me with care and concern.
- (18) I pay doctors so they will cure me of my pain.
- (19) My pain problem does not need to interfere with my activity level.
- (20) My pain is not emotional it is purely physical.
- (21) I have given up my search for the complete elimination of my pain through the work of the medical profession.
- (22) It is the responsibility of my loved ones to help me when I feel pain.
- (23) Stress in my life increases my pain.
- (24) Exercise and movement are good for my pain problem.
- (25) Just by concentrating or relaxing I can "take the edge" off of my pain.
- (26) I will get a job to earn money regardless of how much pain I feel.
- (27) Medicine is one of the best treatments for chronic pain.
- (28) I am unable to control a significant amount of my pain.
- (29) A doctor's job is to find effective pain treatments.
- (30) My family needs to learn how to take better care of me when I am in pain.
- (31) Depression increases the pain I feel.
- (32) If I exercise I could make my pain problem much worse.
- (33) I believe that I can control how much pain I feel by changing my thoughts.
- (34) Often I need more tender loving care than I am now getting when I am in pain.
- (35) I consider myself to be disabled.
- (36) I wish my doctor would stop prescribing pain medications for me.
- (37) My pain is mostly emotional and not so much a physical problem.
- (38) Something is wrong with my body which prevents much movement or exercise.

- (39) I have learned to control my pain.
- (40) I trust that the medical profession can cure my pain.
- (41) I know for sure I can lean to manage my pain.
- (42) My pain does not stop me from leading a physically active life.
- (43) My physical pain will never be cured.
- (44) There is a strong connection between my emotions and my pain level.
- (45) I can do nearly everything as well as I could before I had a pain problem.
- (46) If I do not exercise regularly my pain problem will continue to get worse.
- (47) I am not in control of my pain.
- (48) No matter How I feel emotionally my pain stays the same.
- (49) Pain will never stop me from doing what I really want to do.
- (50) When I find the right doctor he or she will know how to reduce my pain.
- (51) If my doctor prescribed pain medication for me I would throw them away.
- (52) Whether or not a person is disabled by pain depends more on your attitude than the pain itself.
- (53) I have noticed that if I can change my emotions I can influence my pain.
- (54) I will never take pain medications again.
- (55) Exercise can decrease the amount of pain I experience.
- (56) I'm convinced that there is no medical procedure that will help my pain.
- (57) My pain would stop anyone from leading an active life.

<b>Response</b>	<b>Positive Directed</b>	<b>Negative Directed</b>
This is very untrue for me.	0	4
This is somewhat untrue for me.	1	3
This is neither true nor untrue for me (or it does not apply to me).	2	2
This is somewhat true for me.	3	1
This is very true for me.	4	0

Control (10):

- positive directed: 1 25 33 39 41 53
- negative directed: 11 16 28 47

Disability (10):

- positive directed: 10 35 57
- negative directed: 3 19 26 42 45 49 52

Harm (8):

- positive directed: 2 32 38
- negative directed: 5 13 24 46 55

Emotion (8):

- positive directed: 15 23 31 37 44
- negative directed: 4 20 48

Medication (6):

- positive directed: 8 14 27
- negative directed: 36 51 54

Solicitude (6):

- positive directed: 6 9 17 22 30 34
- negative directed:

Medical Cure (9):

- positive directed: 7 18 29 40 50
- negative directed: 12 21 43 56

Interpretation:

- minimum score: 0
- maximum control score: 40
- maximum disability score: 40
- maximum harm score: 32
- maximum emotion score: 32
- maximum medication score: 24

- maximum solicitude score: 24
- maximum medical cure score: 36
- Patients with high scores for disability and harm tended to be physically disabled.

References:

Jensen MP Karoly P Braver S. The measurement of clinical pain severity: a comparison of six methods. *Pain*. 1986; 27: 117-126.

Jensen MP Turner JA et al. Relationship of pain-specific beliefs to chronic pain adjustment. *Pain*. 1994; 57: 301-309.