

Level of Adaptation to Breakthrough Pain

A.

Please indicate, by circling the appropriate number on the scale below, how well YOU believe that you have coped with the breakthrough pain you experienced during the last week.

Coping very poorly very well			Sometimes coping/ Sometimes not			Coping		
1	2	3	4	5	6	7	8	9

B.

During the past 2 weeks, have you often been bothered by feeling down, depressed or without hope? YES/NO

During the past 2 weeks, have you often been bothered by a lack of interest or pleasure in doing things? YES/NO