

## Treatment Goals

**Tell us about the benefits you hope for from your treatment. Your answers will be confidential. Twelve possible benefits are listed below. Read each benefit and circle its importance to you e.g. if 'Returning to work' doesn't apply to you, circle this response. Be sure to answer all the benefits.**

<b>A.</b>	<b>Goal</b>	<b>How important is it to you?</b>
	1.Returning to work, or remaining at work	Very / moderately / slightly / doesn't apply
	2.Reducing pain medication	Very / moderately / slightly / doesn't apply
	3.To be able to go out for a meal with confidence	Very / moderately / slightly / doesn't apply
	4.Feeling less self-conscious in public	Very / moderately / slightly / doesn't apply
	5.Understanding my pain problem better	Very / moderately / slightly / doesn't apply
	6.Decreasing my tendency to overdo activities	Very / moderately / slightly / doesn't apply
	7.Feeling less depressed	Very / moderately / slightly / doesn't apply
	8.Being reassured that my pain is not a sign of a more serious disease	Very / moderately / slightly / doesn't apply
	9.Improve my ability to socialise	Very / moderately / slightly / doesn't apply
	10.Being physically intimate with partner	Very / moderately / slightly / doesn't apply
	11.Meeting other people with a similar pain problem	Very / moderately / slightly / doesn't apply
	12.Improving communication with doctors about pain	Very / moderately / slightly / doesn't apply

**B. List below three benefits you most hope for from your treatment. You may include items not in the list above.**

1. \_\_\_\_\_

2.

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3.

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