

### The Fremantle Awareness Questionnaire

We have adapted this questionnaire to measure your **awareness, movement and function** of your MOST painful part. Choose one painful body part / area and enter it in the \_\_\_\_\_ for each question. Use the same painful body part / area for ALL questions. Using the scale indicate the degree to which your body part / area feels this way when you are experiencing your pain.

	Never	Rarely	Occasionally	Often	Always
1. My _____ feels as though it is not part of the rest of my body	0	1	2	3	4
2. I need to focus all my attention on my _____ to make it move the way I want it to	0	1	2	3	4
3. I feel as if my _____ sometimes moves involuntarily, without my control	0	1	2	3	4
4. When performing everyday tasks, I don't know how my _____ is moving	0	1	2	3	4
5. When performing everyday tasks, I am not sure exactly what position my _____ is in	0	1	2	3	4
6. I can't perceive the exact outline of my _____	0	1	2	3	4
7. My _____ feels like it is enlarged (swollen)	0	1	2	3	4
8. My _____ feels like it has shrunk	0	1	2	3	4
9. My _____ feels lopsided (asymmetrical)	0	1	2	3	4