

Danger (D) versus Safety (S) Questionnaire

You have been given this questionnaire because you have had your pain for longer than 3 months, you have not responded to previous treatments, you continue to have significant disability as a result of your symptoms and you have seen a physician to rule out serious conditions such as broken bones, spinal cord injuries, etc.

From the moment you wake up and open your eyes in the morning, your brain is asking, *“Is my body or my life in danger or am I safe?”*

Subconsciously, your brain asks itself millions of questions within the first few seconds of waking up and it goes something like this.

Am I breathing? Yes? ...good! Next

Is my heart beating? Yes? ...good! Next

Can I move my arms and legs? Yes? ...good! I'll try getting out of bed.

Am I thirsty? Yes? ...better have something to drink after I get out of bed.

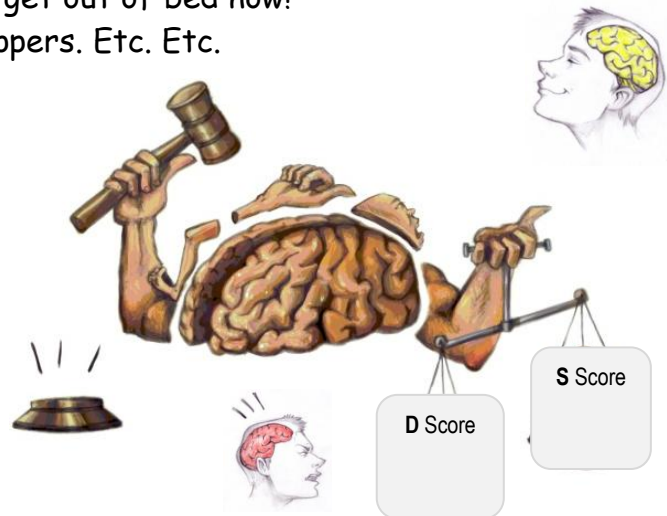
Do I have to go to the bathroom? Yes? ...better get out of bed now!

Is the bathroom floor cold? OK, I'll put on my slippers. Etc. Etc.



To keep you alive, your brain is subconsciously and constantly judging if you are in **DANGER (D)** or in **SAFETY (S)** by calculating how much physical and emotional **stress** or **pleasure** you are experiencing. Imagine that your brain is holding an apothecary scale and is constantly judging if it is more in danger or more in safety.

If the scale tips more towards the “Danger” side, the brain and the nervous system become more hyper-vigilant and sensitive to pain.



If the scale tips more towards the “Safety” or “Pleasure” side, the brain and the nervous system calm down, remain relaxed and become less sensitive to pain.

The opposite of pain is not pain-free, it is pleasure. Unfortunately many who live with persistent pain, have difficulty finding joy and often experience little pleasure in their lives. Your goal **MUST** be to consciously look for and add more small pleasures into your life. It is not about taking an extravagant trip to Paris or going on a cruise, it is in fact about consciously experiencing small things that you once enjoyed. Focus on experiencing joy with everyday activities such as listening to your favourite music with headphones for 20 minutes, walking in the park for 30 minutes, going for a coffee with a friend once a week, 15 minutes of mindfulness breathing, eating a delicious apple, working out at the gym again (ask your Physiotherapist), etc.

Your goal is to tip the scale in your brain to have more weight on the “safety” & “pleasure side”. Go ahead, answer the following 20 questions and figure out your Danger (D) and Safety (S) scores.

If your D score is higher than 40 or is higher than your S score, you may consider completing the 6-week *Pain Truth and Nothing But* Program. Discuss this option with your physical therapist.

Please complete this confidential page only if you have had pain for longer than 3 months

Circle the most accurate number (0 = Really low 10 = Really high)

Stress & worry about pain	(Low worry)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High worry /stress)	<input type="checkbox"/>
Work stress	(Low stress)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High stress)	<input type="checkbox"/>
Family stress	(Low stress)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High stress)	<input type="checkbox"/>
Friend/social stress	(Low stress)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High stress)	<input type="checkbox"/>
Financial stress	(Low stress)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High stress)	<input type="checkbox"/>
Insurance / legal stress	(Low stress)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High stress)	<input type="checkbox"/>
Fear of not recovering	(Low fear)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(High fear)	<input type="checkbox"/>
Low mood /sadness	(Great mood)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Feeling very low)	<input type="checkbox"/>
Worry over x-rays & MRIs	(No worries)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(very worried)	<input type="checkbox"/>
Other health problems	(In perfect health)	☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	(Several other health issues)	<input type="checkbox"/>

Circle the most accurate number (0 = Really poor 10 = Really good)

Current level of Physical activity	(No activity)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(1 hr a day)	<input type="checkbox"/>
Level of family support	(Alone)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Great support)	<input type="checkbox"/>
Quality of diet / smoking & alcohol habits	(Not good)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(very healthy)	<input type="checkbox"/>
Job / employer & co-worker satisfaction	(Hate job)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Love work)	<input type="checkbox"/>
Satisfaction with doctors / therapists	(Don't trust)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Very caring)	<input type="checkbox"/>
Time spent outdoors / in nature	(Never)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(1 hr a day)	<input type="checkbox"/>
Practicing relaxation & mindfulness	(Never)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(1 hr a day)	<input type="checkbox"/>
Quality and quantity of sleep	(Insomnia)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Great sleeper)	<input type="checkbox"/>
Detailed life goals & plans set	(Life currently on hold)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(All planned & excited)	<input type="checkbox"/>
Current level of "fun" & "pleasure" in your life	(No fun at all)	☹ 0 1 2 3 4 5 6 7 8 9 10 ☺	(Really enjoy life)	<input type="checkbox"/>