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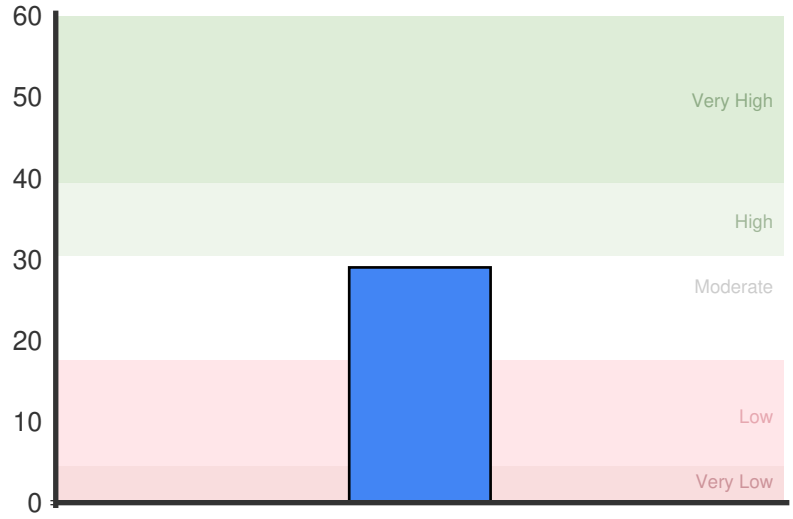
Pain Self-Efficacy Questionnaire (PSEQ)

Client Name	Generic Client	*Date administered*	1 Sep 2025
Date of birth (age)	1 Jan 1900 (125)	*Time taken*	2 min 8s
Assessor	Joseph Phillips		

Results

	Total Score (0 - 60)	Percentile	Descriptor
Pain Self-Efficacy	29	75th	Moderate

Pain Self-Efficacy Questionnaire Score



Interpretation

The client's pain self-efficacy score is 29 which falls in the 75th percentile. This score suggests that the client has moderate pain self-efficacy, indicating average confidence levels compared to other chronic pain patients. Individuals demonstrate reasonable ability to manage some activities despite pain but may have specific areas of limitation or inconsistency.

Scoring and Interpretation Information

For comprehensive information on the PSEQ, see here.

In the Pain Self-Efficacy Questionnaire (PSEQ), self-efficacy is measured by a total score that can range from 0 (no self-efficacy) to 60 (complete self-efficacy). So higher scores on the PSEQ are indicative of more self-efficacy. Outcome can also be presented as percentiles to help contextualise scores in comparison to the typical range of experience of others experiencing pain. For example, a percentile of 50 represents average self-efficacy among chronic pain patients, corresponding to a raw score of approximately 19:

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Very Low Self- Efficacy (score of 0-4): 0.1 - 10th Percentile
Low Self-Efficacy (score of 5-17): 12th: 45th percentile
Moderate Self-Efficacy (score of 18-29): 48th - 75th percentile
High Self-Efficacy (score of 30-39): 77th - 89th percentile
Very High Self-Efficacy (score of 40-60): 90th-99.99th percentile

Among injured workers, research suggests that scores around the scores around 40 are associated with return to work and maintenance of functional gains, whilst lower scores tend to predict less sustainable gains (Adams and Williams, 2003) and are non-indicative of the individual returning to work (Coughlan et al., 1995). Recent research has established that PSEQ scores below 22 are associated with twice the likelihood of daily opioid use in chronic pain patients, making this threshold (approximately 55th percentile) useful for identifying individuals who may benefit from targeted self-efficacy interventions before or alongside pharmacological treatments (Mo et al., 2023). The relation between the PSEQ and pharmacological reliance can also be supported with the response to item 7 (Ralph et al., 1994), where lower scores on this item correlate with higher doses of pain medication.

When multiple timepoints are available, changes in pain self-efficacy can be evaluated to determine significant change in pain self-efficacy. While the PSEQ lacks an established change threshold for general chronic pain populations, clinicians can combine empirical methods with clinical judgment to interpret meaningful change. The minimally important difference (a 0.5 standard deviation change) has demonstrated utility for assessing clinically significant change across health-related scales (Norman et al., 2003; Turner et al., 2010). Applying this approach to the PSEQ, with a normative standard deviation of 13.3 (Nicholas et al., 2019), yields a meaningful change threshold of 6.65 points. An increase of 6.65 points or greater indicates clinically significant improvement in pain self-efficacy, while a decrease of 6.65 points or more suggests clinically significant decline. Changes less than 6.65 points in either direction represent non-significant variation that may reflect normal fluctuation rather than meaningful change. This threshold provides a standardised approach for interpreting PSEQ change scores while acknowledging that clinical context and individual patient factors should inform final interpretation of treatment response.

With multiple administrations, a line chart will be produced to observe progress of the client over time. The graph includes percentile-based threshold lines marking the boundaries between interpretive categories (very low, low, moderate, high, and very high self-efficacy) to provide visual context for score changes. These visual markers enhance interpretation by showing not only the magnitude of change but also the clinical significance of movement between functional categories over the course of treatment.

Client Responses

		Not at all Confident	1	2	3	4	5	Completely Confident
1	I can enjoy things, despite the pain.	**0**	**1**	**2**	**3**	**4**	**5**	**6**

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Client Responses (cont.)

		Not at all Confident	1	2	3	4	5	Completely Confident
2	I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain.	0	1	2	3	**4**	5	6
3	I can socialise with my friends or family members as often as I used to do, despite the pain.	0	1	2	**3**	4	5	6
4	I can cope with my pain in most situations.	0	1	**2**	3	4	5	6
5	I can do some form of work, despite the pain. ('work' includes housework, paid and unpaid work).	0	1	2	**3**	4	5	6
6	I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.	0	1	2	3	**4**	5	6
7	I can cope with my pain without medication.	0	1	2	**3**	4	5	6
8	I can still accomplish most of my goals in life, despite the pain.	0	1	**2**	3	4	5	6
9	I can live a normal lifestyle, despite the pain.	0	1	2	**3**	4	5	6
10	I can gradually become more active, despite the pain.	0	1	**2**	3	4	5	6