

疾病排除问卷

第一部分：您是否曾经，或正患有以下疾病？（请用圆圈标识）

1. 头痛	有	没有
2. 任何其他疼痛综合症	有	没有
3. 血液循环紊乱	有	没有
4. 肾病	有	没有
5. 高血压	有	没有
6. 贫血	有	没有
7. 癫痫	有	没有
8. 心脏病	有	没有
9. 手部曾经严重冻伤	有	没有
10. 凝血障碍	有	没有
11. 手部皮肤病	有	没有
12. 是否因为上述任何情况正在接受治疗？	有	没有

第二部分：

1. 若您患有列表中没有包括的任何其他疾病，请列出。

2. 若您正服用任何药物或接受任何治疗，请列出。

请回答以下问题，看看您对接下来的受冷反应测试的自信程度。这些题目没有对错之分，请您诚实地回答。请使用下面的标尺，将数字写在题目前面。

用下列数字，标识出您对即将开始的正式受冷反应测试的真实感受。

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
完全不确定 非常确定

- _____ 1. 您会将手放在冷水里，至少停留上一小段时间。
- _____ 2. 短时间内，一点点疼痛，您可以忍受。
- _____ 3. 测试任务中，您可以忍受中等程度的不舒服。
- _____ 4. 您可以对应中等程度的疼痛并在冷水中坚持较长的时间。
- _____ 5. 即使疼痛很剧烈，您也能够继续冷压测试并坚持较长时间。

用下列数字，标出您对即将开始的受冷反应测试的真实感受。

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
一点也不 极度

- _____ 1. 在本次受冷测试中，您想要尽多大的努力？
- _____ 2. 在本受冷测试中比其他人表现更好，对您来说有多重要？
- _____ 3. 通过在受冷测试中表现良好来保持对自身优点和毅力的积极看法，对您来说有多重要？
- _____ 4. 如果您在受冷测试中不如其他人表现得好，您有多不愉快？
- _____ 5. 为了做好受冷测试，您有多努力？

现在请用下列数字，标识出您此刻**总体心情**：

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
非常消极 非常积极

1. 受冷反应测试中，您所感受到的最强烈的疼痛是何种程度？（请圈出您觉得最贴切的数字）

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

一点也不疼

中等程度

有过的最疼感受

2. 受冷反应测试中，当从冷水中收回手时，您所感受到的疼痛是何种程度？（请圈出您觉得最贴切的数字）

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

一点也不疼

中等程度

有过的最疼感受

3. 受冷反应测试过程中，您对疼痛的整体感受如何？（请圈出您觉得最贴切的数字）

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

一点也不疼

中等程度

有过的最疼感受

人口统计学:

年龄: ____ 岁

性别（画圈）: 女 男

民族: ____

您的在校时间（从大学一年级开始计算: 年） 1 2 3 4 5 6 7

您现在的身高: ____ 米 ____ 厘米

您现在的体重: ____ 千克

* 如果您不确定，请尽可能准确地估计您的身高和体重

请用下面的数字，标识您在应对疼痛时，下列每项表述的想法和做法的出现程度。

0-----1-----2-----3-----4
完全没有 轻微不多 一般中度 较多出现 总是会有

当感受到疼痛时，

- | | |
|-------------------------|-------------------------|
| _____ 1. 我试着继续坚持工作。 | _____ 8. 我保持着有希望的态度。 |
| _____ 2. 我依然坚持着来完成我的目标。 | _____ 9. 我并不让它使我沮丧。 |
| _____ 3. 我能从中摆脱出来。 | _____ 10. 我试着保持放松。 |
| _____ 4. 我强忍着疼痛。 | _____ 11. 我保持着积极的态度。 |
| _____ 5. 我愿意保持活跃。 | _____ 12. 我聚焦在积极的想法上。 |
| _____ 6. 这并不影响我的快乐。 | _____ 13. 我避免消极的想法。 |
| _____ 7. 我仍能在生活中找到欢乐。 | _____ 14. 我不会让它使自己心灰意懒。 |

下列条目描述了疼痛事件。请阅读每一条内容并且思考您对每条内容提到的疼痛相关事件的恐惧程度。请您对每一项事件的疼痛恐惧评分，并将最能代表您的恐惧程度的数字填在每项条目前。

1-----2-----3-----4-----5
一点儿也不 有一点 明显有 非常多 极度

- | | |
|-------------------------------|-----------------------------|
| _____ 1. 车祸事故中 | _____ 14. 眼科医生将插入你眼中的一颗小刺拔除 |
| _____ 2. 吃东西时咬到舌头 | _____ 15. 在口腔里打针 |
| _____ 3. 胳膊骨折 | _____ 16. 划破手指 |
| _____ 4. 一个重物击中你的头 | _____ 17. 在嘴唇上缝线 |
| _____ 5. 腿骨折 | _____ 18. 医生用利器拔除脚上的脓包 |
| _____ 6. 击中手肘上的敏感骨头 | _____ 19. 吞进滚烫的热饮 |
| _____ 7. 用皮下注射抽取一份血液样本 | _____ 20. 洗澡时将浓烈的肥皂泡弄进眼睛里 |
| _____ 8. 从混泥土楼梯上摔下来 | _____ 21. 因患绝症而整日疼痛 |
| _____ 9. 在肩膀上注射打针 | _____ 22. 拔牙 |
| _____ 10. 手指被点燃的火柴烧到 | _____ 23. 沙子或尘土吹进你的眼睛 |
| _____ 11. 脖子骨折 | _____ 24. 医生用工具钻你的一颗虫牙 |
| _____ 12. 在臀部打针 | _____ 25. 肌肉抽筋 |
| _____ 13. 有一根尖刺深深插入脚心，现在用镊子拔除 | |

请回答以下问题，看看您对接下来的受冷反应测试的自信程度。这些题目没有对错之分，请您诚实地回答。请使用下面的标尺，将数字写在题目前面。

用下列数字，标识出您对即将开始的正式受冷反应测试的真实感受。

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
完全不确定非常确定

- _____ 1. 您会将手放在冷水里，至少停留上一小段时间。
- _____ 2. 短时间内，一点点疼痛，您可以忍受。
- _____ 3. 测试任务中，您可以忍受中等程度的不舒服。
- _____ 4. 您可以对应中等程度的疼痛并在冷水中坚持较长的时间。
- _____ 5. 即使疼痛很剧烈，您也能够继续冷压测试并坚持较长时间。

用下列数字，标出您对即将开始的受冷反应测试的真实感受。

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
一点也不极度

- _____ 1. 在本次受冷测试中，您想要尽多大的努力？
- _____ 2. 在本受冷测试中比其他人表现更好，对您来说有多重要？
- _____ 3. 通过在受冷测试中表现良好来保持对自身优点和毅力的积极看法，对您来说有多重要？
- _____ 4. 如果您在受冷测试中不如其他人表现得更好，您有多不愉快？
- _____ 5. 为了做好受冷测试，您有多努力？

现在请用下列数字，标识出您此刻总体心情：

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
非常消极非常积极

1. 受冷反应测试中，您所感受到的最强烈的疼痛是何种程度？（请圈出您觉得最贴切的数字）

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

一点也不疼

中等程度

有过的最疼感受

2. 受冷反应测试中，当从冷水中收回手时，您所感受到的疼痛是何种程度？（请圈出您觉得最贴切的数字）

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

一点也不疼

中等程度

有过的最疼感受

3. 受冷反应测试过程中，您对疼痛的整体感受如何？（请圈出您觉得最贴切的数字）

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

一点也不疼

中等程度

有过的最疼感受

现在，您已经完成了本实验，您觉得本实验的假设是什么：

最后，在你做第二个受冷测试之前，主试告诉你和其他人相比，你在第一个受冷测试里面表现情况。请根据主试对你的表现的反馈，从以下三个选项中选出正确的打圈。（只有一个选项是正确的）

- a. 主试说我比 52%的人表现得更好，大概具有平均忍受疼痛的能力。
- b. 主试说我比 94%的人表现得差，具有低于平均忍受疼痛的能力。
- c. 主试说我比 94%的人表现得更好，具有高于平均忍受疼痛的能力。

感谢您参与本研究。您的参与至关重要，谢谢！

Exclusion Criteria Checklist

Do you have any of these conditions at present or have a history of these conditions? (circle appropriate answer for ALL items)

1. Headaches	Yes	No
2. Any other pain syndromes	Yes	No
3. Blood circulation disorder	Yes	No
4. Kidney disease	Yes	No
5. Hypertension	Yes	No
6. Anemia	Yes	No
7. Epilepsy	Yes	No
8. Heart disease	Yes	No
9. Past severe cold injury to hands	Yes	No
10. Disturbance of blood coagulation	Yes	No
11. Skin disease on hand	Yes	No
11. Treatment for any condition above	Yes	No

Part II:

1. If you have any other medical conditions that are not listed above, please write them down:

2. If you are taking medicines or receiving treatment for any conditions that are not listed above, please write them down:

Task-Perception Measures Administered Before Each Cold Pressor Trial

Cold Pressor Self Efficacy Scale

Please answer the following questions about your confidence in performing on the longer, upcoming cold pressor test. Use the following ratings to rate before each item.

Use the following numbers to rate your real feeling about the upcoming cold pressor trial:

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
Totally unsure Totally sure

- _____ 1. I can keep my hand in the ice water for at least a short amount of time.
- _____ 2. I can withstand a slight amount of pain from the ice water for a short amount of time.
- _____ 3. During the cold pressor test, I can withstand a moderate amount of discomfort.
- _____ 4. I can handle a moderate amount of pain from the cold water for quite a long time
- _____ 5. I can continue the cold pressor test for a long time, even if the pain is severe.

Cold Pressor Importance and Intended Effort items (adapted from Rhodewalt & Fairjeld, 1991)

Now use the scale and numbers below to rate your real feeling about the upcoming cold pressor trial:

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
Not at all Extremely

- _____ How hard do you intend to try on this cold pressor trial?
- _____ How important is it for you to perform well on this cold pressor trial compared to other people?
- _____ How important is it for you to perform well on this cold pressor trial as a way of maintaining a positive view of your strength and grit.
- _____ How displeased will you feel if you perform poorly on this cold pressor trial compared to other people?
- _____ How much effort do you intend to make on this cold pressor trial?

State Affect item

Now use the scale and numbers below to **rate your overall mood at this moment:**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
Extremely Negative Extremely Positive

Pain Intensity Scale

1. In the cold pressor test, what degree is your most severe pain? (Circle the number best described your state)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No pain

Moderate

Worst possible pain

2. In the cold pressor test, the moment you withdraw your hand, how is your painful feeling? (Circle the number best described your state)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No pain

Moderate

Worst possible pain

3. In the cold pressor test, what's your overall feeling about pain? (Circle the number best described your state)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No pain

Moderate

Worst possible pain

Demographics:

Age: _____ years old

Gender (circle): Female Male

Ethnicity: _____

Years in university (starts from the first year): 1 2 3 4 5 6 7

Your current height: ___ meters ___ centimeters

Your current weight: ___ kilograms

* Please provide your best estimates for height and weight if you are not sure

Pain Resilience Scale

Using the numbers below, identify the extent to which you have the thoughts and practices associated with each of the following statements when dealing with pain.

0-----1-----2-----3-----4
Not at all To a slight degree To a moderate degree To a great degree All the time

1. I try to continue working.
2. I still work to accomplish my goals.
3. I get back out there.
4. I push through it.
5. I like to stay active.
6. It doesn't affect my happiness.
7. I still find joy in my life.
8. I keep a hopeful attitude.
9. I don't let it upset me.
10. I try to stay relaxed.
11. I keep a positive attitude.
12. I focus on positive thoughts.
13. I avoid negative thoughts.
14. I don't let it get me down.

Fear of Pain Questionnaire – Chinese

The items listed below describe painful experiences. Please look at each item and think about how FEARFUL you are of experiencing the PAIN associated with each item using a number from the scale below that best represents your fear level.

1-----2-----3-----4-----5
Not at all A little A fair amount Very much Extreme

- _____ 1. Being in an automobile accident
- _____ 2. Biting your tongue while eating
- _____ 3. Breaking your arm
- _____ 4. Having a heavy object hit you in the head
- _____ 5. Breaking your leg
- _____ 6. Hitting a sensitive bone in your elbow-your "funny bone"
- _____ 7. Having a blood sample drawn with a hypodermic needle
- _____ 8. Falling down a flight of concrete stairs
- _____ 9. Receiving an injection in your arm
- _____ 10. Burning your fingers with a match
- _____ 11. Breaking your neck
- _____ 12. Receiving an injection in your hip/buttocks
- _____ 13. Having a deep splinter in the sole of your foot probed and removed with tweezers
- _____ 14. Having an eye doctor remove a foreign particle stuck in your eye
- _____ 15. Receiving an injection in your mouth
- _____ 16. Getting a paper-cut on your finger
- _____ 17. Receiving stitches in your lip
- _____ 18. Having a foot doctor remove a wart from your foot with a sharp instrument
- _____ 19. Gulping a hot drink before it has cooled
- _____ 20. Getting strong soap in both your eyes while bathing or showering
- _____ 21. Having a terminal illness that causes you daily pain
- _____ 22. Having a tooth pulled
- _____ 23. Having sand or dust blow into your eyes
- _____ 24. Having one of your teeth drilled
- _____ 25. Having a muscle cramp

Task-Perception Measures Administered Before Each Cold Pressor Trial

Cold Pressor Self Efficacy Scale

Please answer the following questions about your confidence in performing on the longer, upcoming cold pressor test. Use the following ratings to rate before each item.

Use the following numbers to rate your real feeling about the upcoming cold pressor trial:

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
Totally unsure Totally sure

- _____ 1. I can keep my hand in the ice water for at least a short amount of time.
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- _____ 4. I can handle a moderate amount of pain from the cold water for quite a long time
- _____ 5. I can continue the cold pressor test for a long time, even if the pain is severe.

Cold Pressor Importance and Intended Effort items (adapted from Rhodewalt & Fairjeld, 1991)

Now use the scale and numbers below to rate your real feeling about the upcoming cold pressor trial:

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
Not at all Extremely

- _____ How hard do you intend to try on this cold pressor trial?
- _____ How important is it for you to perform well on this cold pressor trial compared to other people?
- _____ How important is it for you to perform well on this cold pressor trial as a way of maintaining a positive view of your strength and grit.
- _____ How displeased will you feel if you perform poorly on this cold pressor trial compared to other people?
- _____ How much effort do you intend to make on this cold pressor trial?

State Affect item

Now use the scale and numbers below to **rate your overall mood at this moment:**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100
Extremely Negative Extremely Positive

Pain Intensity Scale

1. In the cold pressor test, what degree is your most severe pain? (Circle the number best described your state)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No pain

Moderate

Worst possible pain

2. In the cold pressor test, the moment you withdraw your hand, how is your painful feeling? (Circle the number best described your state)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No pain

Moderate

Worst possible pain

3. In the cold pressor test, what's your overall feeling about pain? (Circle the number best described your state)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No pain

Moderate

Worst possible pain

Now that you've finished the experiment, what is your best guess about what its specific hypothesis is:

Finally, before you take the second cold test, the experimenter told you how well you performed in the first cold test compared to the others. Based on the task performance feedback, please select the correct circle from the following three options. (Only one option is correct)

- a. The experimenter said that I performed better than 52% of the population and had an average ability to tolerate pain.
- b. The experimenter said that I performed worse than 94% of the population and had a worse-than-average ability to tolerate pain.
- c. The experimenter said that I performed better than 94% of the population and had a better-than-average ability to tolerate pain.

Thank you for participating in this study. Your participation is very important, thank you!