





7. Please rate your pain by circling the one number that tells how much pain you have **right now**

0	1	2	3	4	5	6	7	8	9	10
								Pain as bad as imaginable		

8. What kinds of things make your pain feel better? (For example: heat, medicine, rest, sitting, physical therapy)

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9. In the **last week**, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows **how much relief** you have received.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
								complete relief		

10. Circle the number that describes how, during the **past week, pain has interfered with your:**

A. General Activity:

0	1	2	3	4	5	6	7	8	9	10
								Completely interferes		

B. Mood

0	1	2	3	4	5	6	7	8	9	10
								Completely interferes		

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
								Completely interferes		

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
								Completely interferes		

E. relations with other people

0	1	2	3	4	5	6	7	8	9	10
								Completely interferes		

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
								Completely interferes		

G. Enjoyment of life

0	1	2	3	4	5	6	7	8	9	10
								Completely interferes		