

Date of Visit: _____

NAME: _____ Date of Birth: _____

Please rate your pain by circling the one number that best describes your pain at its **worst** in the last week.

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as
Pain you can imagine

Please rate your pain by circling the one number that best describes your pain at its **least** in the last week.

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as
Pain you can imagine

Please rate your pain by circling the one number that best describes your pain on the **average**.

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as
Pain you can imagine

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
No Pain as bad as
Pain you can imagine

Circle the one number that describes how much, during the past week, pain has interfered with your:

A. General Activity

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere Interferes

B. Mood

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere Interferes

C. Walking Ability

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere Interferes

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

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere Interferes

E. Relations with other people.

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere Interferes

F. Sleep

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere Interferes

G. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere Interferes