

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

No pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as you can imagine
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6. Please rate your pain by circling the one number that tells how much pain you have **RIGHT NOW**.

No pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as you can imagine
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7. What treatments or medications are you currently receiving for your pain:

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that shows most how much **RELIEF** you have received.

No relief	0	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Complete relief
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9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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B. Mood:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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C. Walking Ability:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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D. Normal Work (includes both work outside the home and housework)

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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E. Relations with other people:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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F. Sleep:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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G. Enjoyment of Life:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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