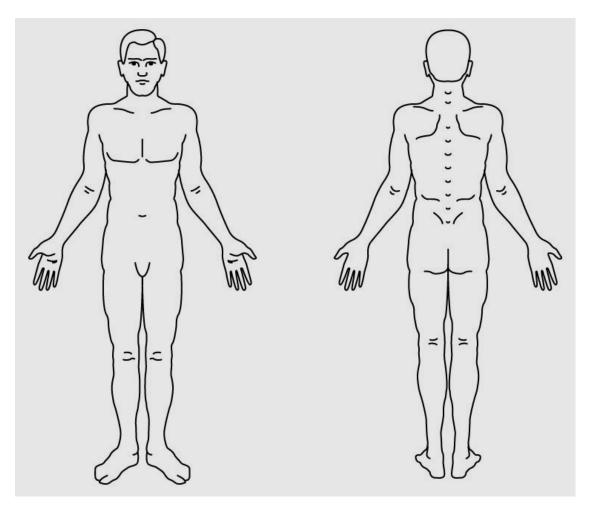


Date:/_ Name:	/			
	Last	First	Middle Initial	

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?
  Yes
- 2) On the diagram below, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3) Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

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

•	ase rate y ne past 2		by circlin	g the one	e number	that best	describe	s your p	ain at its LEAST
0 No pair	1	2	3	4	5	6	7	8	9 10 Pain as bad as you can imagine
-	ase rate <u>y</u> ERAGE.	your pain	by circlin	g the one	e number	that best	describe	s your p	ain on the
0 No pair	1	2	3	4	5	6	7	8	9 10 Pain as bad as you can imagine
6) Ple NO	-	your pain	by circlin	g the one	e number	that tells	how muc	ch pain y	ou have RIGHT
0 No pair	1	2	3	4	5	6	7	8	9 10 Pain as bad as you can imagine
7) Wh	at treatm	ents or m	edication	s are you	ı receivin	g for you	r pain?		
		4 hours, he percenta							provided? Please ceived.
0% No relie	10% ef	20%	30%	40%	50%	60%	70%	80%	90% 100% Complete relief
you			that des	cribes ho	ow, during	the pas	24 hours	s, pain h	as interfered with
0 Does n interfer		2	3	4	5	6	7	8	9 10 Completely interferes

NA	lood	٠
IV	oou	٠.

0 Does not interfere	1	2	3	4	5	6	7	8	9 10 Completely interferes	
Walking ability:										
0 Does not interfere	1	2	3	4	5	6	7	8	9 10 Completely interferes	
Normal wo	ork:									
0 Does not interfere	1	2	3	4	5	6	7	8	9 10 Completely interferes	
Relations										
0 Does not interfere	1	2	3	4	5	6	7	8	9 10 Completely interferes	
Sleep:										
0 Does not interfere	1	2	3	4	5	6	7	8	9 10 Completely interferes	
Enjoyment of life:										
0 Does not interfere	1	2	3	4	5	6	7	8	9 10 Completely interferes	