

**Chronic pain Questionnaire:** Please read each question carefully and then circle a number on the scale under that question to indicate how that specific question applies to you.

(1) How would you rate your pain on a 1 – 10 scale at the present time, that is right now, where 0 is “no pain” and 10 is “pain as bad as it could be”?

0	1	2	3	4	5	6	7	8	9	10
NO PAIN					PAIN AS BAD AS IT COULD BE					

(2) In the past six months, how intense was your worst pain rated on a 0-10 scale, where 0 is “no pain” and 10 is “pain as bad as it could be”?

0	1	2	3	4	5	6	7	8	9	10
NO PAIN					PAIN AS BAD AS IT COULD BE					

(3) In the past six months, how intense was your pain rated on a 0-10 scale, where 0 is “no pain” and 10 is “pain as bad as it could be”? (That is, your usual pain at times you were experiencing pain.)

0	1	2	3	4	5	6	7	8	9	10
NO PAIN					PAIN AS BAD AS IT COULD BE					

(4) About how many days in the last six months have you been kept from your usual activities (work, school or housework) because of your pain?

0-6 days	
7-14 days	
15-30 days	
31 or more days	

(5) In the past six months, how much has this pain interfered with your daily activities rated on a 1-10 scale where 0 is “no interference and 10 is “unable to carry on activities”?

0	1	2	3	4	5	6	7	8	9	10
NO INTERFERENCE					UNABLE TO CARRY ON ACTIVITIES					

(6) In the past six months, how much has this pain changed your ability to take part in recreational, social and family activities where 0 is “no change” and 10 is “extreme change”?

0	1	2	3	4	5	6	7	8	9	10
NO CHANGE					EXTREME CHANGE					

(7) In the past six months, how much has this pain changed your ability to work (including housework) where 0 is “no change” and 10 is extreme change”.

0	1	2	3	4	5	6	7	8	9	10
NO CHANGE					EXTREME CHANGE					