



Pain Survey

Pain can have a significant impact on your life. Please tell us about its effect on your life by marking one box per row.

In the past 7 days, <u>how often did you have the following thought when you were in pain?</u>	Never	Rarely	Sometimes	Often	Always
1. My pain is more than I can manage.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Because of my pain, I will never be happy again.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Because of my pain, my life is terrible.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. My life will only get worse because of my pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In the past 7 days, <u>how often ...?</u>	Never	Rarely	Sometimes	Often	Always
5. Did you keep thinking about how much it hurts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Did you have trouble thinking of anything other than your pain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Total Score: _____ (add your ratings for the six items to get your total score)