

Never or 1 day	Never or 1 day
2-6 days	Several days
7-11 days	Half or more of the days
12-14 days	Nearly every day

How much of the time have you experienced pain or hurting over the last 5 days?

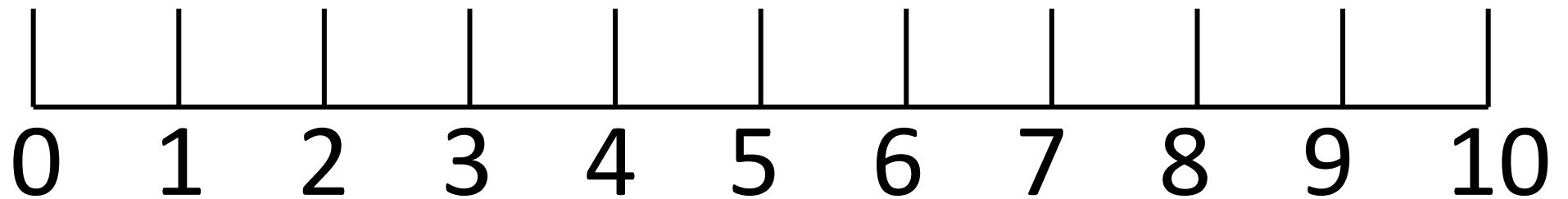
Almost constantly

Frequently

Occasionally

Rarely

Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine.



Please rate the intensity of your worst pain over the last 5 days.

1. Mild
2. Moderate
3. Severe
4. Very severe, horrible

1. Very Important
2. Somewhat Important
3. Not very important
4. Not important at all
5. Important, but can't do or no choice