Pain Intensity – 1a

Please respond to the question by marking one box.

| | Pain Intensity | | | | | | | | | | | | | | | |
|---------|-----------------------|-----|------|------|--------|-----------------|---|---|---|---|---|---|---|---|---|--------------------------------|
| | In the past 7 days | | | | | | | | | | | | | | | |
| 9033R1r | How bad average? | was | your | pain | on | 0 No pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 Worst pain you can think of |