Pain Intensity

Please respond to each item by marking one box per row.

	In the past 7 days…	Had no pain	Mild	Moderate	Severe	Very severe
PAINQU6	How intense was your pain at its worst?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAINQU8	How intense was your average pain?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		No pain	**Mild**	**Moderate**	**Severe**	**Very severe**
PAINQU21	What is your level of pain right now?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

