Pain Impact - Short Form

Please respond to each question or statement by marking one box per row.

		Never	Rarely	Sometimes	Often	Always
PainImpactQ2	In the past 7 days, how often did you have pain so bad that you could not do anything for a whole day?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PainImpactQ7	In the past 7 days, how often did you have pain so bad that you could not get out of bed?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PainImpactQ8	In the past 7 days, how often did you have very severe pain?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PainImpactQ10	In the past 7 days, how often did you have pain so bad that you had to stop what you were doing?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PainImpactQ12	In the past 7 days, how often did you have pain so bad that it was hard to finish what you were doing?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

