Pain Interference – Short Form 8a

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

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
PAININ9	How much did pain interference with your day to day activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ22	How much did pain interference with work around the home?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ31	How much did pain interference with your ability to participate in social activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ34	How much did pain interference with your household chores?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ12	How much did pain interference with the things you usually do for fun?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ36	How much did pain interference with your enjoyment of social activities?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ3	How much did pain interference with your enjoyment of life?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ13	How much did pain interference with your family life?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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