Pain Interference

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

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
PAININ4	How much did you worry about pain?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ11	How often did you feel emotionally tense because of your pain?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ56	How irritable did you feel because of pain?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ1	How difficult was it for you to take in new information because of pain?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ3	How much did pain interfere with your enjoyment of life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ5	How much did pain interfere with your ability to participate in leisure activities? ..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ6	How much did pain interfere with your close personal relationships?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ8	How much did pain interfere with your ability to concentrate?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ9	How much did pain interfere with your day to day activities?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ10	How much did pain interfere with your enjoyment of recreational activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ12	How much did pain interfere with the things you usually do for fun?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ13	How much did pain interfere with your family life?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
PAININ14	How much did pain interfere with doing your tasks away from home (e.g., getting groceries, running errands)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ15	How much did pain interfere with your ability to pay attention?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ17	How much did pain interfere with your relationships with other people?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ18	How much did pain interfere with your ability to work (include work at home)?....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ22	How much did pain interfere with work around the home?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ31	How much did pain interfere with your ability to participate in social activities?....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ34	How much did pain interfere with your household chores?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ35	How much did pain interfere with your ability to make trips from home that kept you gone for more than 2 hours?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ36	How much did pain interfere with your enjoyment of social activities?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ48	How much did pain interfere with your ability to do household chores?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ49	How much did pain interfere with your ability to remember things?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ20	How much did pain feel like a burden to you?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		Never	**Rarely**	**Sometimes**	**Often**	**Always**
PAININ16	How often did pain make you feel depressed?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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In the past 7 days…

		Never	Rarely	Sometimes	Often	Always
PAININ24	How often was pain distressing to you? .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ32	How often did pain make you feel discouraged?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ46	How often did pain make it difficult for you to plan social activities?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ52	How often was it hard to plan social activities because you didn't know if you would be in pain?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ26	How often did pain keep you from socializing with others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ29	How often was your pain so severe you could think of nothing else?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ30	How often did pain make it hard for you to walk more than 5 minutes at a time?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ51	How often did pain prevent you from sitting for more than 10 minutes?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ53	How often did pain restrict your social life to your home?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAININ37	How often did pain make you feel anxious?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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