

Pain Severity Questionnaire

On the scale below mark the severity of your pain:

11. In the sections below indicate the **level of your pain**. Mark an X on the **lines below** to indicate how severe you are feeling the pain (while taking your customary medication). The numbers may help you when placing the mark: a value of 0 means you are not experiencing pain, a value of 10 means you are experiencing the worst pain you can imagine. The numbers in between indicate grades of pain intensity.

a) First indicate your **current level of pain**:



b) Now indicate your **average pain level** during the last 4 weeks:



c) Now indicate your **worst pain level** during the last 4 weeks:



d) Now indicate what **pain level** would be tolerable for you in successful treatment:



12. The following questions address your pain during the **last 3 months**. We would like to get more detailed information on the **effects of pain** during this time period.

a) **On how many days** over the last 3 months were you unable to perform your usual activities because of pain (e.g. your job, studies, home chores)?

on about |_ |_ |_ | days

b) To what extent has pain in the last 3 months affected your **everyday routine** (getting dressed, bathing, eating, shopping, etc.)?



c) To what extent has pain in the last 3 months affected your **recreational activities** or plans with **family or friends**?



d) To what extent has pain in the last 3 months affected your **ability to work** (including house work)?

