**Pain Self-Assessment**

1. Rate the level of your pain at the **PRESENT MOMENT**.

0 1 2 3 4 5 6

No pain Very intense pain

2. On average, how severe has your pain been during the **PAST WEEK**?

0 1 2 3 4 5 6

Not severe Extremely severe

3. In general, during the **PAST WEEK**, how much did your pain interfere with daily activities?

0 1 2 3 4 5 6

No interference Extreme interference

4. During the **PAST WEEK**, how much has your pain changed the amount of satisfaction or enjoyment you get from taking part in social and recreational activities?

0 1 2 3 4 5 6

No change Extreme change

5. During the **PAST WEEK**, how well do you feel that you have been able to deal with your problems?

0 1 2 3 4 5 6

Not at all Extremely well

6. During the **PAST WEEK**, how successful were you in coping with stressful situations in your life?

0 1 2 3 4 5 6

Not successful Extremely successful

7. During the **PAST WEEK**, how irritable have you been?

0 1 2 3 4 5 6

Not irritable Extremely irritable

8. During the **PAST WEEK**, how tense or anxious have you been?

0 1 2 3 4 5 6

Not anxious or tense Extremely anxious or tense