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