Pain Survey

Pain can have a significant impact on your life. Please tell us about its effect on your life by marking one box per row.

In the past 7 days, how often did you have the following thought when you were in pain?	Never	Rarely	Sometimes	Often	Always
1. My pain is more than I can manage.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Because of my pain, I will never be happy again.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Because of my pain, my life is terrible.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. My life will only get worse because of my pain.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
In the past 7 days, how often...?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
5. Did you keep thinking about how much it hurts?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Did you have trouble thinking of anything other than your pain?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Total Score: _____

(add your ratings for the six items to get your total score)