

Pain Impact

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?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ3	In the past 7 days, how often were you totally pain free?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PainImpactQ5	In the past 7 days, how often did you have a sudden attack of severe pain?...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ7	In the past 7 days, how often did you have pain so bad that you could not get out of bed?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ8	In the past 7 days, how often did you have very severe pain?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ9	In the past 7 days, how often did you have to cancel plans because of pain? ...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ10	In the past 7 days, how often did you have pain so bad that you had to stop what you were doing?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 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?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ13	In the past 7 days, how often were you terrified that you might have a pain attack (crisis)?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

		I had no pain	Mild	Moderate	Severe	Very severe
PainImpactQ1	In the past 7 days, how bad was the pain you usually have?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ4	In the past 7 days, how bad was the pain in your joints (such as hips or shoulders)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PainImpactQ6	In the past 7 days, how bad was the pain in your chest or stomach?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Never	1 day	2-3 days	4-5 days	6-7 days
PainImpactQ11	In the past 7 days, how many days did pain prevent you from doing anything?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1