1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

   - yes
   - no

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.

   - L
   - R

3. Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

   - 0 No pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its LEAST in the last 24 hours.

   - 0 No pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on AVERAGE.

   - 0 No pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW.

   - 0 No pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Pain as bad as you can imagine

ADDITIONAL TOH ASSESSMENTS
Circle the words that best describe your pain.

- tingling
- cramping
- exhausting
- shooting
- heavy
- continuous
- stabbing
- aching
- nagging
- burning
- throbbing
- excruciating
- deep
- sharp
- unbearable
- numb
7 What treatments or medications are you receiving for your pain?

8 In the past 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much RELIEF you have received.

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9 Circle the one number that best describes how, during the past 24 hours, pain has interfered with your:

A General activity

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C Walking ability

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D Normal work (includes both work outside the home and housework)

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E Relations with other people

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G Enjoyment of life

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10 Please circle any other symptoms that you may have. ADDITIONAL TOH ASSESSMENTS.

- nausea
- vomiting
- constipation
- diarrhea
- urinary problems
- indigestion
- sweating
- feeling drowsy
- tiredness
- itching