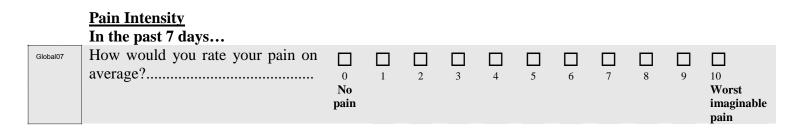
Pain Intensity – 1a

Please respond to the question by marking one box.



Pain Intensity – Scale

Please respond to each item by marking one box per row.

	In the past 7 days	Had no pain	Mild	Moderate	Severe	Very severe
PAINQU6	How intense was your pain at its worst?	1	\square	3	4	5
PAINQU8	How intense was your average pain?		\square	\square	4	5
		No pain	Mild	Moderate	Severe	Very severe
PAINQU21	What is your level of pain right now?	1	\square	3	4	5

Pain Interference – Short Form 8a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

	in the past / days	Not at all	A little bit	Somewhat	Quite a bit	Very much
PAININ9	How much did pain interfere with your day to day activities?		2 2	3	4	5
PAININ22	How much did pain interfere with work around the home?	\square	2	3	4	5
PAININ31	How much did pain interfere with your ability to participate in social activities?	□ 1	2 2	 3	□ 4	5
PAININ34	How much did pain interfere with your household chores?	□ 1	2 2	 3	— 4	5
PAININ12	How much did pain interfere with the things you usually do for fun?	□ 1	2 2	 3	— 4	5
PAININ36	How much did pain interfere with your enjoyment of social activities?	□ 1	2 2	3	— 4	5
PAININ3	How much did pain interfere with your enjoyment of life?	[] 1	2 2	 3	— 4	5
PAININ13	How much did pain interfere with your family life?			\square		5

Emotional Distress – Anxiety – Short Form 8a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

<u></u>		Never	Rarely	Sometimes	Often	Always
EDANX01	I felt fearful	□ 1	2	3	4	5
EDANX40	I found it hard to focus on anything other than my anxiety	\square 1	2 2	□ 3	\square 4	5
EDANX41	My worries overwhelmed me	\square	\square ₂	3	\square 4	5
EDANX53	I felt uneasy	\square	\square 2	□ 3	4	5
EDANX46	I felt nervous	\square	2	3	\square 4	5
EDANX07	I felt like I needed help for my anxiety	\square	□ 2		\Box 4	5
EDANX05	I felt anxious	\square	□ 2	□ 3	\Box 4	5
EDANX54	I felt tense	\square	\square		\square 4	□ 5