

Patient Daily Pain Questionnaire

Answer each question on a scale of 0-10 with 0 being no pain and 10 being the worst pain imaginable.

- 1) What is your pain level on average during the past week?
- 2) What was your pain level at its worst over the past week?
- 3) What percentage of your pain has been relieved during the past week?
- 4) Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?

Please indicate whether your functioning with the current pain reliever(s) is Better, Same, or Worse since your last assessment?

- 1) Overall functioning
- 2) Sleep Patterns
- 3) Mood
- 4) Social Relationships
- 5) Family Relationships
- 6) Physical Functioning

Date of birth: