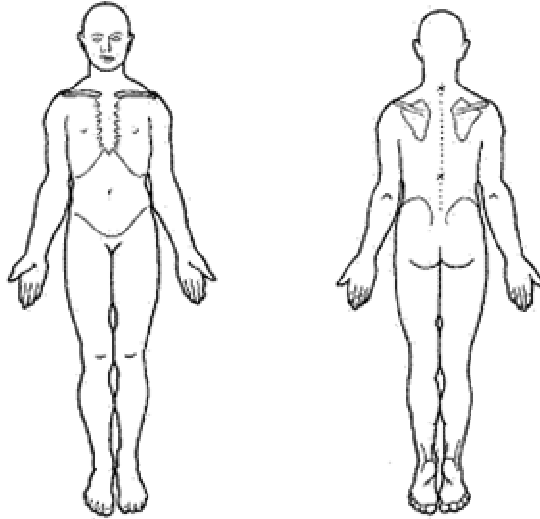


Pain Questionnaire

Please mark areas of the body in which you have symptoms:



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Please mark from 0 to 10 (0 being no pain, 10 being the worst pain imaginable) your pain level when it is at it's worst.

0 1 2 3 4 5 6 7 8 9 10

What causes your pain to reach this level (which activities, movements, etc.)

Please mark from 0 to 10 (0 being no pain, 10 being the worst pain imaginable) your pain level on average over a typical day.

0 1 2 3 4 5 6 7 8 9 10

Please mark from 0 to 10 (0 being no pain, 10 being the worst pain imaginable) your pain level when it is at it's best (lowest).

0 1 2 3 4 5 6 7 8 9 10

When does your pain reach this level?
