



Please rate the intensity of each of the pain and related symptoms you felt during the past week on 0 to 10 scale, with 0 being no pain and 10 being the worst pain you can imagine. Use 0 if the word does not describe your pain or related symptoms.

	Circle one											
1. Throbbing pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
2. Shooting pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
3. Stabbing pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
4. Sharp pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
5. Cramping pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
6. Gnawing pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
7. Hot-burning pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
8. Aching pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
9. Heavy pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
10. Tender:	none	1	2	3	4	5	6	7	8	9	10	worst possible
11. Splitting pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
12. Tiring-exhausting:	none	1	2	3	4	5	6	7	8	9	10	worst possible
13. Sickening:	none	1	2	3	4	5	6	7	8	9	10	worst possible
14. Fearful:	none	1	2	3	4	5	6	7	8	9	10	worst possible
15. Punishing-cruel:	none	1	2	3	4	5	6	7	8	9	10	worst possible
16. Electric-shock pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
17. Cold-freezing pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
18. Piercing pain:	none	1	2	3	4	5	6	7	8	9	10	worst possible
19. Pain caused by light touch:	none	1	2	3	4	5	6	7	8	9	10	worst possible
20. Itching:	none	1	2	3	4	5	6	7	8	9	10	worst possible
21. Tingling or pins and needles:	none	1	2	3	4	5	6	7	8	9	10	worst possible
22. Numbness:	none	1	2	3	4	5	6	7	8	9	10	worst possible
23. Present Pain Intensity (PPI):	none	1	2	3	4	5	6	7	8	9	10	worst possible

