## Tell us a bit more about your pain

## Your current level of pain

Circle one of the numbers on the scale to rate your pain level at present.

0 = 'No pain' 10 = 'Worst/extreme pain'

0 1 2 3 4 5 6 7 8 9 10

## Your pain over the last seven days

Circle the number on the scale to rate **how distressing** the pain was on average over the last seven days.

0 = 'No distress' 10 = 'Extremely distressing'

0 1 2 3 4 5 6 7 8 9 10

## **Managing your pain**

Please rate **how confident you are** that you can do the following things at present, despite the pain. Circle one of the numbers on each of the scales.

0 = 'Not at all confident' 6 = 'Completely confident'

"I can live a normal lifestyle, despite the pain"

0 1 2 3 4 5 6

"I can do some form of work, despite the pain"

0 1 2 3 4 5 6

(work includes housework, paid and unpaid work)