

1. Please use the scale below to tell us how **intense** your pain is. Place an "X" through the number that best describes the intensity of your pain.

No pain

0	1	2	3	4	5	6	7	8	9	10
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The most intense pain sensation imaginable

2. Please use the scale below to tell us how **sharp** your pain feels. Words used to describe "sharp" feelings include "like a knife," "like a spike," "jabbing" or "like jolts."

Not sharp

0	1	2	3	4	5	6	7	8	9	10
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The most sharp sensation imaginable ("like a knife")

3. Please use the scale below to tell us how **hot** your pain feels. Words used to describe very hot pain include "burning" and "on fire."

Not hot

0	1	2	3	4	5	6	7	8	9	10
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The most hot sensation imaginable ("on fire")

4. Please use the scale below to tell us how **dull** your pain feels. Words used to describe very dull pain include "like a dull toothache," "dull pain," "aching" and "like a bruise."

Not dull

0	1	2	3	4	5	6	7	8	9	10
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The most dull sensation imaginable

5. Please use the scale below to tell us how **cold** your pain feels. Words used to describe very cold pain include "like ice" and "freezing."

Not cold

0	1	2	3	4	5	6	7	8	9	10
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The most cold sensation imaginable ("freezing")

6. Please use the scale below to tell us how **sensitive** your skin is to light touch or clothing. Words used to describe sensitive skin include "like sunburned skin" and "raw skin."

Not sensitive

0	1	2	3	4	5	6	7	8	9	10
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The most sensitive sensation imaginable ("raw skin")

7. Please use the scale below to tell us how **itchy** your pain feels. Words used to describe itchy pain include "like poison oak" and "like a mosquito bite."

Not itchy

0	1	2	3	4	5	6	7	8	9	10
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The most itchy sensation imaginable ("like poison oak")

8. Which of the following best describes the **time** quality of your pain? Please check only one answer.

I feel a background pain all of the time and occasional flare-ups (break-through pain) some of the time.

Describe the background pain: \_\_\_\_\_

Describe the flare-up (break-through) pain: \_\_\_\_\_

I feel a single type of pain all the time. Describe this pain: \_\_\_\_\_

I feel a single type of pain only sometimes. Other times, I am pain free.

Describe this occasional pain: \_\_\_\_\_

9. Now that you have told us the different physical aspects of your pain, the different types of sensations, we want you to tell us overall how **unpleasant** your pain is to you. Words used to describe very unpleasant pain include "miserable" and "intolerable." Remember, pain can have a low intensity, but still feel extremely unpleasant, and some kinds of pain can have a high intensity but be very tolerable. With this scale, please tell us how **unpleasant** your pain feels.

Not unpleasant

0	1	2	3	4	5	6	7	8	9	10
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The most unpleasant sensation imaginable ("intolerable")

10. Lastly, we want you to give us an estimate of the severity of your **deep** versus **surface** pain. We want you to rate each location of pain separately. We realize that it can be difficult to make these estimates, and most likely it will be a "best guess," but please give us your best estimate.

HOW INTENSE IS YOUR **DEEP** PAIN?

No deep pain

0	1	2	3	4	5	6	7	8	9	10
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The most intense deep pain sensation imaginable

HOW INTENSE IS YOUR **SURFACE** PAIN?

No surface pain

0	1	2	3	4	5	6	7	8	9	10
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The most intense surface pain sensation imaginable