

About Your Pain

These questions will help you and your pharmacist measure the impact your pain is having on your wellbeing and daily life. Your answers, and test score, can then be used to improve the management of your pain and get the greatest benefit from treatment.

During the **last 4 weeks** how often has your pain interfered with the following?

Activity	<i>Tick the ONE statement which best relates to you</i>						Score (the pharmacist will fill in this section)
	Not at all (0)	Once or twice (1)	2-3 times a week (2)	Once a week (3)	Most days (4)	Every day (5)	
Sleep							
Day to day activities...							
General							
Wellbeing							
Exercise							
Total score							