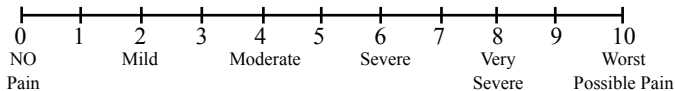


PAIN ASSESSMENT TOOL

Name _____

1. Do you have any pain? YES NO

1a. How much pain do you have? Circle 0 if no pain.



1b. Which face best describes how you feel?



2. Are you sad/blue/unhappy? YES NO

3. What would you say your overall quality of health has been over the past month?

4. What would you say your overall quality of life has been over the past month?

IF YOU HAVE PAIN OR ARE SAD, TELL YOUR HEALTH PROVIDER. THEY CAN HELP YOU.