



# Pain Questionnaire

Office Use Only SOF ID#	<input type="radio"/> MISSING Acrostic
<input type="text"/>	<input type="text"/>

## Bodily Pain

1 **IN THE PAST 12 MONTHS**, have you experienced (had) bodily pain on most days for at least one month?

- Yes       No       I don't know



**a. If yes, how severe was the pain usually?**

Mild  
 Moderate  
 Severe  
 Extreme  
 Don't Know

## Back Pain

2 **IN THE PAST 12 MONTHS**, have you experienced (had) back pain on most days for at least one month?

- Yes       No       I don't know      **V9BACKP**



**a. If yes, how severe was the pain usually?**

Mild  
 Moderate      **V9BKPAIN**  
 Severe  
 Extreme  
 Don't Know

