



Pain Questionnaire

Office Use Only
SOF ID#

MISSING
Acrostic

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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

V9BODILY



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

- Mild
 Moderate
 Severe
 Extreme
 Don't Know

V9BDPAIN

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



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

- Mild
 Moderate
 Severe
 Extreme
 Don't Know

