

Scale 1

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

No Pain

Pain as bad as you could imagine

Scale 2

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Does not Interfere

Completely Interferes

Scale 3

Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
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Scale 4

Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
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Scale 5

Not at all	Several days	More than half the days	Nearly every day
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Scale 6

All of the time	Most of the time	Some of the time	A little of the time	None of the time
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Scale 7

Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
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