Co-morbid pain conditions

IN THE PAST SIX MONTHS, have you had a problem with:

1. Backache or back pain

○ Yes
○ No

If yes:

a. In the PAST SIX MONTHS, on the average, how intense was your backache or back pain? (That is, your usual pain at times you were experiencing pain.) (circle number)

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as could be

---

b. How many days in the PAST SIX MONTHS was your productivity in work, school, and/or housework reduced by more than half because of backache or back pain? (Every day = 180)

☐☐ days

---

c. In the PAST SIX MONTHS how much has backache or back pain interfered with your daily activities rated on a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities"? (Circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

d. In the PAST SIX MONTHS, how much has backache or back pain interfered with your ability to take part in recreational, social and family activities? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

e. In the PAST SIX MONTHS, how much has backache or back pain interfered with your ability to work (including housework)? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

2. Chest pain

○ Yes
○ No

If yes:

a. In the PAST SIX MONTHS, on the average, how intense was your chest pain? (That is, your usual pain at times you were experiencing pain.) (ircle number)

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as could be

---

b. How many days in the PAST SIX MONTHS was your productivity in work, school, and/or housework reduced by more than half because of chest pain? (Every day = 180)

☐☐ days

---

c. In the PAST SIX MONTHS how much has chest pain interfered with your daily activities rated on a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities"? (Circle number)

0	1	2	3	4	5	6	7	8	9	10
No interference										Unable to carry on any activities

---

d. In the PAST SIX MONTHS, how much has chest pain interfered with your ability to take part in recreational, social and family activities? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

e. In the PAST SIX MONTHS, how much has chest pain interfered with your ability to work (including housework)? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

3. Stomach ache or pain

○ Yes
○ No

If yes:

a. In the PAST SIX MONTHS, on the average, how intense was your stomach ache or pain? (That is, your usual pain at times you were experiencing pain.) (ircle number)

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as could be

---

b. How many days in the PAST SIX MONTHS was your productivity in work, school, and/or housework reduced by more than half because of stomach ache or pain? (Every day = 180)

☐☐ days

---

c. In the PAST SIX MONTHS how much has stomach ache or pain interfered with your daily activities rated on a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities"? (Circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

d. In the PAST SIX MONTHS, how much has stomach ache or pain interfered with your ability to take part in recreational, social and family activities? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

e. In the PAST SIX MONTHS, how much has stomach ache or pain interfered with your ability to work (including housework)? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

4. Headache or migraine

○ Yes
○ No

If yes:

a. In the PAST SIX MONTHS, on the average, how intense was your headache or migraine? (That is, your usual pain at times you were experiencing pain.) (ircle number)

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as could be

---

b. How many days in the PAST SIX MONTHS was your productivity in work, school, and/or housework reduced by more than half because of headache or migraine? (Every day = 180)

☐☐ days

---

c. In the PAST SIX MONTHS how much has headache or migraine interfered with your daily activities rated on a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities"? (Circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

d. In the PAST SIX MONTHS, how much has headache or migraine interfered with your ability to take part in recreational, social and family activities? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities

---

e. In the PAST SIX MONTHS, how much has headache or migraine interfered with your ability to work (including housework)? (circle number)

0	1	2	3	4	5	6	7	8	9	10
No Interference										Unable to carry on any activities