

## ASCQ-Me Pain Impact

### Survey Instructions

◆ Answer all the questions by checking the box to the left of your answer.

**1. In the past 7 days, how often did you have pain so bad that you could not do anything for a whole day?**

- Never
- Rarely
- Sometimes
- Often
- Always

**2. In the past 7 days, how often did you have pain so bad that you could not get out of bed?**

- Never
- Rarely
- Sometimes
- Often
- Always

**3. In the past 7 days, how often did you have very severe pain?**

- Never
- Rarely
- Sometimes
- Often
- Always

**4. In the past 7 days, how often did you have pain so bad that you had to stop what you were doing?**

- Never
- Rarely
- Sometimes
- Often
- Always

**5. In the past 7 days, how often did you have pain so bad that it was hard to finish what you were doing?**

- Never
- Rarely
- Sometimes
- Often
- Always