Do not write, stamp, punch holes or affix a sticker in this area.

Please use a #2 pencil.

Fill in the complete oval as shown...

Marking Instructions

♠ Direction of Feed **♠**

PEG Scale

Please answer every question

To reproduce, follow the printing instructions.

Fold only on the dotted lines.

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

A Three-Item Scale Assessing Pain Intensity and Interference

----- please fold on dotted line

2. What number best describes how, during the past week,

pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

No pain

Pain as bad as you can imagine

3. What number best describes how, during the past week, pain has interfered with your general activity?

No pain

Pain as bad as you can imagine

please fold on dotted line