Pain Interference – Short Form 4a

Please respond to each question or statement by marking one box per row.

	In the past 7 days	Not at all	A little bit	Somewhat	Quite a bit	Very much
PAININ9	How much did pain interfere with your day to day activities?	1	2	3	4	5
PAININ22	How much did pain interfere with work around the home?	1	2	3	4	5
PAININ31	How much did pain interfere with your ability to participate in social activities?	1	2	3	4	5
PAININ34	How much did pain interfere with your household chores?	1	2	3	4	5