

Name _____

Member I.D. Number _____

Date of Birth _____

Assessing Your Pain

Please answer the following questions about how pain is affecting your life. This screening tool will help us track your pain symptoms over time and see if you have improvement once you've started treatment.

Circle the number that best describes how you've felt **during the past week**:

1. What number best describes your pain on average?

0 1 2 3 4 5 6 7 8 9 10

No pain

Pain as bad as
you can imagine

2. What number best describes how pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

3. What number best describes how pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interferes

Source: Source: Krebs EE, Lorenz KA, Bair MJ, et al. Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. *J Gen Intern Med*. 2009 Jun;24(6):733-738.