ORAL PAIN QUESTIONNAIRE

Mark on the line after each question the level of pain you have experienced during the past week:

1.	When you are <u>not</u> talking, eating or drinking how <i>intense</i> (sev	· · · · · · · · · · · · · · · · · ·	ıth?
		The most intense	
	No pain	pain sensation	
	ı	imaginable	
2.	When you are talking, eating or drinking how intense (severe,	strong) is the pain in your mouth?	
		The most intense	
	No pain	pain sensation	
	ı	imaginable	
3.	When you are not talking, eating or drinking how sharp (like a	knife) is the pain in your mouth?	
	, 3, 3 3 1,	The most sharp	
	No pain	pain sensation	
	NO pairi	imaginable	
1	When you <i>are</i> talking, eating or drinking how sharp (like a kni	fo) is the pain in your mouth?	
4.	when you are talking, eating of diffiking flow sharp (like a kill	The most sharp	
	No pain	·	
	No pain	imaginable	
	ı	Imaginasie	
5.	When you are <u>not</u> talking, eating or drinking how aching (like	a throbbing muscle ache or tootha	che) is
	the pain in your mouth?		
	. 1	The most aching	
	No pain	pain sensation	
_		imaginable	
6.	When you <i>are</i> talking, eating or drinking how <i>aching</i> (like a th pain in your mouth?	robbing muscle ache or toothache)	is the
		The most aching	
	No pain	pain sensation	
		imaginable	
7.	How <i>sensitive</i> (like sunburned or raw skin) is the area in your	mouth to touch by your teeth, food	d or
	fluids?		
	nen 1	The most sensitive	
NO S	sensitivity	pain sensation	
	'	imaginable	
8.	How significantly does the pain in your mouth restrict your tal	king, eating or drinking?	
	ı	The most severe	
No r	restriction	restriction	
	ı	imaginable	
Cod	ordinator's Signature:	Date:	
		mm/dd/vvvv	

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