

Participant's Study ID: _____

Protocol: _____

Site: _____ Date: _____

Pain Questionnaire
(Self-report Form)

Numeric Rating Scale – Pain Intensity

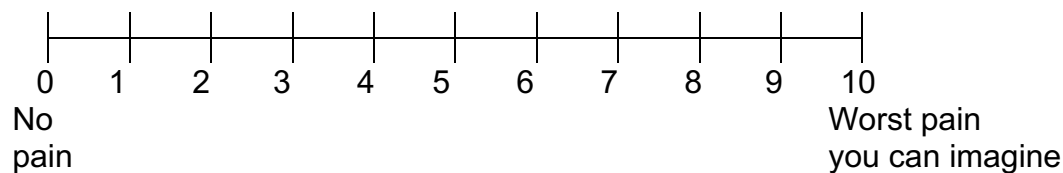
Below are some questions about how much you hurt. The first two questions are about how much your plexiform neurofibroma tumor or tumors hurt, and the other question is about how much you hurt from all types of pain.

Below are lines with numbers from 0 to 10 where 0 means no pain and 10 means the worst pain you can imagine.

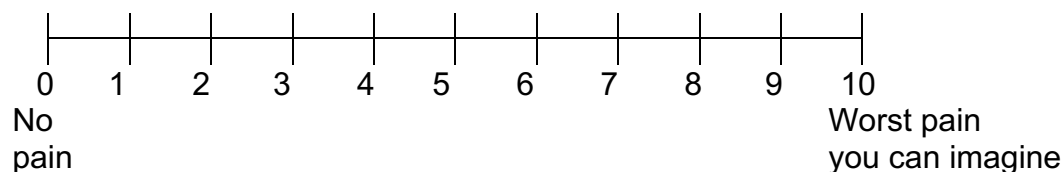
1. We would like you to pick one tumor and tell us how much that one tumor hurts at each study visit.

Where on your body is that tumor? _____.

Please circle the one number that best describes the pain in that one tumor at its **worst** during the past 7 days.



2. Please circle the one number that best describes your overall tumor pain at its **worst** during the past 7 days.



3. Please circle the one number that best describes your overall pain at its **worst** during the past 7 days.

