

Trauma Patient Reported Measures (PRMs)

Record ID

Date of Survey Completion (Pain Levels)

I am going to ask you to describe the level of pain you feel right now.

On a scale of zero to 10, with 0 being no pain and 10 the worse imaginable pain, which number best describes your pain right now ?

- 1 2 3 4
 5 6 7 8
 9 10

where is the worst pain?
(Please tick one answer)

- Head
 Face
 Neck
 Chest/thorax
 Hands
 Arms
 Shoulders
 Abdomen
 Back
 Hips
 Thigh
 Knee
 Lower leg
 Ankle
 Foot
 Unknown

Is this worst pain on a certain side?

- Left side
 Right side
 Both sides
 Non-applicable

Provide further description of the pain if clarification is required

The next few questions will ask about your work situation.