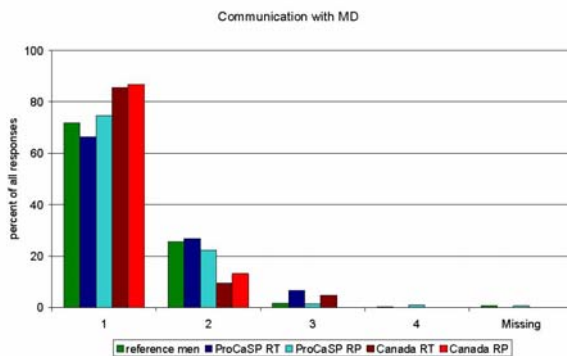
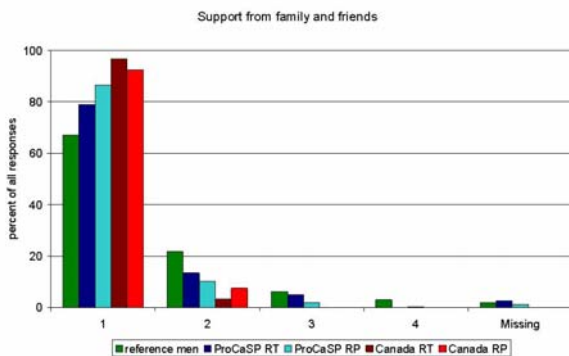


1. No pain and no disturbing body sensations.
2. Mild pain or disturbing body sensations that do not limit any activities (for example: work, social, sexual, sleep).
3. Moderate pain or disturbing body sensations that limit a few activities.
4. Moderate to severe pain or disturbing body sensations that limit some activities.
5. Severe pain or disturbing body sensations that limit many activities.

1. Very full of energy, lots of pep.
2. Fairly energetic, no limitation of activities (for example: work, social, sexual).
3. Moderate reduction in energy or pep that limits a few activities.
4. Generally low energy or pep that limits some activities.
5. No energy or pep at all. I feel drained, and many activities are limited.



1. Most of the time feel supported by my spouse, family and friends.
2. A fair amount of the time feel supported by my spouse, family and friends.
3. Occasionally feel supported by my spouse, family and friends.
4. Rarely feel supported by my spouse, family, and friends.

1. Always able to express my concerns to my Doctor and get all the information or advice I need.
2. Most the time, able to express my concerns to my Doctor and get all the information or advice I need.
3. Some of the time, able to express my concerns to my Doctor and get all the information or advice I need.
4. Rarely able to express my concerns to my Doctor and get all the information or advice I need.