



Name.....Date.....

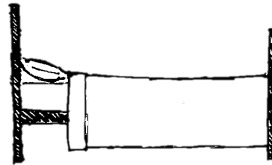
Date of birth..... NHS number

6. Do you get a good night's sleep?

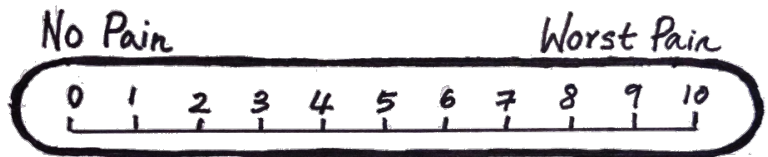


Yes Sometimes No

7. Please circle the picture to show if you sleep in a bed or in a chair.



8. Please circle a number to show how your pain has been recently.



9. What medication do you take for your pain?



10. Where do you get your support from?



11. How do you rate your overall quality of life?  
Please circle the number to show your answer



0 =worst quality of life 100 = best quality of life

