Tell me about your pain/concern.

	0	1	2	3	4	5	6	7	8	9	10
Intensity	None	Percep ignor		More persistent, recurring & nagging			Distracting more often than not		Changes sense of priorities		Untena ble
How well does TODAY = last 10 days?	"This is the best I have felt in awhile."			"Right now, I can contain my pain. It is sometimes much worse."			"It is hard to focus on answering this question."		"Today I feel awful. This has continued to get worse to this extreme."		
Familiarity	Totally new Unfamiliar			A few aspects are similar to a previous experience.			A few aspects are different from before.		There is a LOT about this situation I know.		WELL known to me.
History	signifi	o not have e cant injurie juired medi	s or illnesse	es that doctor visits regardin			ng illness or injury. I		"I have significant experience with my own or others illness, injuries, &/or surgery."		
Fear	"I am "Not a bother." not afraid."			"This bothers me/loved ones enough that I wanted to get a medical opinion."			"I have worry. I increasingly strug		, ,		orrifying."
Quality of Life (QOL)	No impact or rare (within specific contexts)			Aware; brings about pauses			Common; requires adjustments		All consuming		Defines
Expectations regarding next steps	"I know how to follow-up if something changes. This is what I will do:"			"I want clear direction on next steps, including what to do if it worsens. Before we talk about plans, I need to share with you what my values are with regard to treatment."					"I feel I need immediate help today. I would like to feel that you are invested in my well-being, too."		