

5. On a scale from 0 to 10, how would you rate your **OVERALL MOUTH AND THROAT SORENESS** during the past week? *(Circle one number)*

0 1 2 3 4 5 6 7 8 9 10

No
Soreness

Worst
Possible
Soreness

6. On a scale of 0 to 10, what number best describes the **MOUTH PAIN** that you have experienced in the past week? *(Circle one number)*

0 1 2 3 4 5 6 7 8 9 10

No Pain

Worst
Pain
Imaginable

7. On a scale of 0 to 10, what number best describes the **THROAT PAIN** that you have experienced in the past week? *(Circle one number)*

0 1 2 3 4 5 6 7 8 9 10

No Pain

Worst
Pain
Imaginable

8. Is there anything that you're going through that we haven't covered? (Please explain)
