

Global Pain Scale

Instructions: For each question, please indicate your level of pain by circling a number from 0 to 10.

YOUR PAIN:

My **current** pain is **No pain:** 0 1 2 3 4 5 6 7 8 9 10 **:Extreme pain**

During the *past week*,
the **best** my pain has been is **No pain:** 0 1 2 3 4 5 6 7 8 9 10 **:Extreme pain**

During the *past week*,
the **worst** my pain has been is **No pain:** 0 1 2 3 4 5 6 7 8 9 10 **:Extreme pain**

During the *past week*,
my **average** pain has been **No pain:** 0 1 2 3 4 5 6 7 8 9 10 **:Extreme pain**

During the *past 3 months*,
my **average** pain has been **No pain:** 0 1 2 3 4 5 6 7 8 9 10 **:Extreme pain**

YOUR FEELINGS: During the past week I have felt:

Afraid..... **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Depressed **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Tired **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Anxious **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Stressed..... **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

YOUR CLINICAL OUTCOMES: During the past week:

I had trouble sleeping **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

I had trouble feeling comfortable **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

I was less independent **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

I was unable to work
(or perform normal tasks) **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

I needed to take more medication.... **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

YOUR ACTIVITIES: During the past week I was NOT able to:

Go to the store **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Do chores in my home..... **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Enjoy my friends and family **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Exercise (including walking)..... **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Participate in my favorite hobbies..... **Strongly Disagree:** 0 1 2 3 4 5 6 7 8 9 10 **:Strongly Agree**

Scoring: Add up the total score and divide by 2. Each subset is worth 25 points. The maximum total score is 100.

Name: _____

Date: _____

Sussex Pain Relief Center

www.sussexpainrelief.com