

2024 NEW AND IMPROVED CHRONIC PAIN SCALE

FOR QUALITATIVE AND QUANTITATIVE INFORMATION ON THE
PAIN EXPERIENCED BY CHRONIC PAIN PATIENTS

TYPE OF PAIN

**A DEEP
MUSCLE
ACHE**

**A SHARP
SPIKEY
PAIN**

**MY BONES
FEEL
BRUISED**

**MY SKIN FEELS ON
FIRE AND CAN'T BE
TOUCHED**

**A DEEP
THROBBING
AND PULSING
OF PAIN**

**LIKE
LIGHTNING
IS
SHOOTING**

**A SEVERE
TIGHTNESS**

**SOMETHING ELSE
WHICH I WILL
SPECIFY**

INTENSITY

- 1 Low hum of pain
- 2 Buzzing of pain
- 3 Getting hard to ignore
- 4 Making it hard to get on with my day
- 5 Not functioning well
- 6 Have to stop what I'm doing
- 7 Feel taken over by the pain
- 8 I can hardly move
- 9 It hurts to even breathe
- 10 Even for me, I can't possibly imagine enduring anything worse than this

TIME

- a. When did you first start experiencing this particular influx or spike of pain?
- b. How long have you been dealing with pain generally?

PLACEMENT

