

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

