

Graded Chronic Pain Scale

1. How would you rate your facial pain on a 0 to 10 scale AT THE PRESENT TIME, that is right now, where 0 is "no pain" and 10 is "pain as bad as could be". (*Circle number*)

0 1 2 3 4 5 6 7 8 9 10

No pain Pain as bad
as could be

2. In the PAST SIX MONTHS, how intense was your **WORST** facial pain? (*Circle number*)

0 1 2 3 4 5 6 7 8 9 10

No pain Pain as bad
as could be

3. In the PAST SIX MONTHS, on the AVERAGE, how intense was your facial pain? (That is, your usual pain at times you were experiencing pain.) (*Circle number*)

0 1 2 3 4 5 6 7 8 9 10

No pain Pain as bad
as could be

4. About how many days in the LAST SIX MONTHS have you been kept from your usual activities (work, school, housework) because of facial pain? (EVERY DAY = 180)

			DAYS
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5. In the PAST SIX MONTHS, how much has facial pain interfered with your daily activities rated on a scale from 0 to 10, where 0 is "No interference" and 10 is "Unable to carry on any activities"? (*Circle number*)

0 1 2 3 4 5 6 7 8 9 10

No interference Unable to
carry on any
activities

6. In the PAST SIX MONTHS, how much has facial pain interfered with your ability to take part in recreational, social, and family activities? (*Circle number*)

0 1 2 3 4 5 6 7 8 9 10

No interference Unable to
carry on any
activities

7. In the PAST SIX MONTHS, how much has facial pain interfered with your ability to work (including housework)? (*Circle number*)

0 1 2 3 4 5 6 7 8 9 10

No interference Unable to
carry on any
activities
