

Graded Chronic Pain Scale Version 2.0

1. On how many days in the **last 6 months** have you had facial pain? _____ Days

2. How would you rate your facial pain **RIGHT NOW?** Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be".

No pain											Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10	

3. In the LAST 30 DAYS, how would you rate your **WORST** facial pain? Use the same scale, where 0 is "no pain" and 10 is "pain as bad as could be".

No pain											Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10	

4. In the LAST 30 DAYS, **ON AVERAGE**, how would you rate your facial pain? Use the same scale, where 0 is "no pain" and 10 is "pain as bad as could be". [That is, *your usual pain* at times you were in pain.]

No pain											Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10	

5. In the LAST 30 DAYS, how many days did your facial pain keep you from doing your **USUAL ACTIVITIES** like work, school, or housework? (every day = 30 days) _____ Days

6. In the LAST 30 DAYS, how much has facial pain interfered with your **DAILY ACTIVITIES**? Use a 0-10 scale, where 0 is "no interference: and 10 is "unable to carry on any activities".

No interference											Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10	

7. In the LAST 30 DAYS, how much has facial pain interfered with your **RECREATIONAL, SOCIAL AND FAMILY ACTIVITIES**? Use the same scale, where 0 is "no interference: and 10 is "unable to carry on any activities".

No interference											Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10	

8. In the LAST 30 DAYS, how much has facial pain interfered with your **ABILITY TO WORK**, including housework? Use the same scale, where 0 is "no interference: and 10 is "unable to carry on any activities".

No interference											Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10	