

National Foundation for the Treatment of Pain Pain Scale

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Circle the number which best indicates your pain:

0 No pain

1. Occasional pain effectively managed by Aspirin, Tylenol, Ibuprofen, one tablet, three times a day or less - or by opioids with no limitations on activities of daily living.

2. Frequent pain, managed only by 1 or more tablets of ASA, acetamenophen, ibuprofen, every four hours - or by opioids with slight impairments of activities of daily living.

3. Frequent pain, not effectively managed by NSAIDs, requiring an opioid medication, but not restricting daily activities of living

4. Frequent pain, moderately affecting activities of daily living, but still controlled by opioids medications

5. Frequent or almost constant pain. Contained by opioids, but still causing significant limitations on activities of daily living and occasionally causing the patient to be house or bed confined

6. Constant pain, moderately contained by opioids, but with frequent limitations of activities of daily living. Frequently causes confinement to bed or the house.

7. Constant pain, only partially contained by opioids at the doses prescribed, with continuous limitation of activities of daily living

8. Constant pain, frequently disabling, making most activities of daily living difficult if at all possible

9. Constant pain, uncontained by prescribed medications and doses, completely disabling of activities of daily living, requiring interventions or assistance by others, preventing any form of employment and fully qualifying the patient for Social Security Disability

10. Intolerable pain requiring emergency room treatment, generally with opioid injections.

Patient Name: _____ Date of Birth: _____

Doctor's Name: _____ Date: _____