

# Chronic Pain Grade Scale (CPGS) Questionnaire

Date: \_\_\_\_\_

## Patient Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient ID: \_\_\_\_\_

## Pain Assessment

### 1. Current Pain Intensity:

How would you rate your pain on a 0-10 scale at the present time (right now)?

Scale: 0 = 'No pain', 10 = 'Pain as bad as it could be'



### 2. Worst Pain in the Past 6 Months:

In the past 6 months, how intense was your worst pain rated on a 0-10 scale?



### 3. Average Pain Intensity:

In the past 6 months, on average, how intense was your pain rated on a 0-10 scale?

Consider your usual pain at times you were experiencing pain.



## Impact of Pain on Activities

### 1. Impact on Usual Activities:

- About how many days in the last 6 months have you been kept from your usual activities (work, school, housework) because of this pain?

- \_\_\_\_\_

## 2. Interference with Daily Activities:

**In the past 6 months, how much has this pain interfered with your daily activities?**

Scale: 0 = 'No interference', 10 = 'Extreme change'



## 3. Change in Recreational, Social, and Family Activities:

**In the past 6 months, how much has this pain changed your ability to take part in recreational, social, and family activities?**

Scale: 0 = 'No change', 10 = 'Extreme change'



## 4. Change in Ability to Work (Including Housework):

**In the past 6 months, how has this pain changed your ability to work (including housework)?**

Scale: 0 = 'No change', 10 = 'Extreme change'



## Signatures

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Clinician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reference:** Von Korff M, Ormel J, Keefe FJ, Dworkin SF. Grading the severity of chronic pain. *Pain*, 1992; 50: 133-49.