

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'

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

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?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

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.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

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'

0. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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'

0. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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'

0. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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.