2024 NEW AND IMPROVED CHRONIC PAIN SCALE

FOR QUALITATIVE AND QUANTITATIVE INFORMATION ON THE PAIN EXPERIENCED BY CHRONIC PAIN PATIENTS

TYPE OF PAIN

A DEEP	A SHARP	MY BONES	MY SKIN FEELS ON
MUSCLE	SPIKEY	333L	FIRE AND CAN'T BE
ACHE	PAIN	BRUISED	TOUCHED

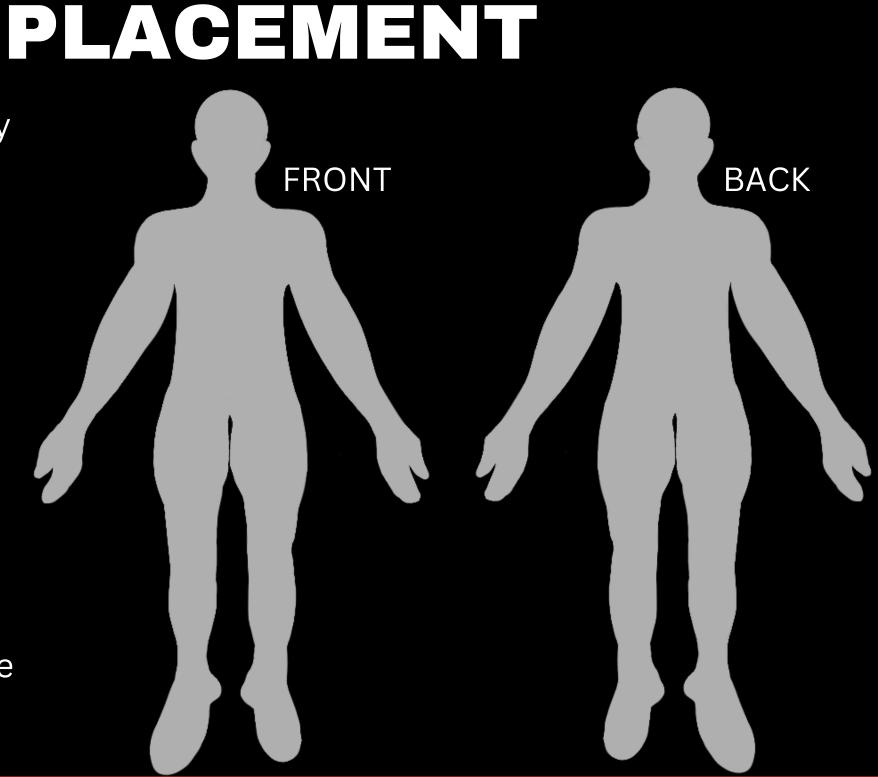
A DEEPLIKETHROBBINGLIGHTNINGAND PULSINGISOF PAINSHOOTING

A SEVERE TIGHTNESS SOMETHING ELSE WHICH I WILL SPECIFY

- **1** Low hum of pain
- **2** Buzzing of pain
- **3** Getting hard to ignore
- 4 Making it hard to get on with my day

- **5** Not functioning well
- 6 Have to stop what I'm doing
- 7 Feel taken over by the pain
- 8 I can hardly move
- **9** It hurts to even breathe
- **10** Even for me, I can't possibly imagine enduring anything worse than this

- a. When did you first start experiencing this particular influx or spike of pain?
- b. How long have you been dealing with pain generally?



CHRONIC PAIN COMMUNICATION TOOLS - CREATED BY LEAH CAPLAN, MRES (MEDICAL ETHICS)