

## Chronic Pain Assessment Scale

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. How would you rate your AVERAGE pain level over the last week?

(No Pain) 1 2 3 4 5 6 7 8 9 10 (Severe Pain)

2. How would you rate your WORST pain level over the last week?

(No Pain) 1 2 3 4 5 6 7 8 9 10 (Severe Pain)

3. How would you rate your BEST pain level over the last week?

(No Pain) 1 2 3 4 5 6 7 8 9 10 (Severe Pain)

4. What makes your pain worse?

5. What makes your pain better?