

# Graded Chronic Pain Scale

Please circle the most appropriate answer:

1. In the past 3 months, how often did you have pain?

Never      Some Days      Most Days      Every Day

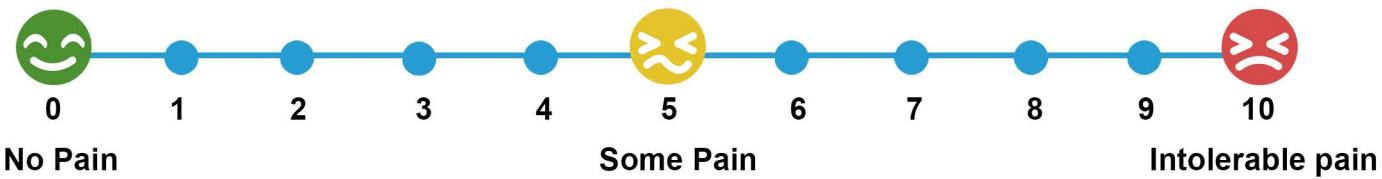
If you selected "Never", skip to *Understanding your Chronic Pain Scale (on next page)*:

2. Over the past 3 months, how often did pain limit your life or work activities?

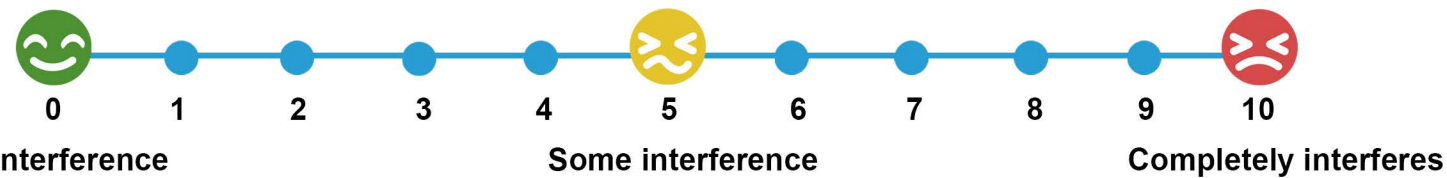
Never      Some Days      Most Days      Every Day

Now think about pain you have had during the past 7 days....

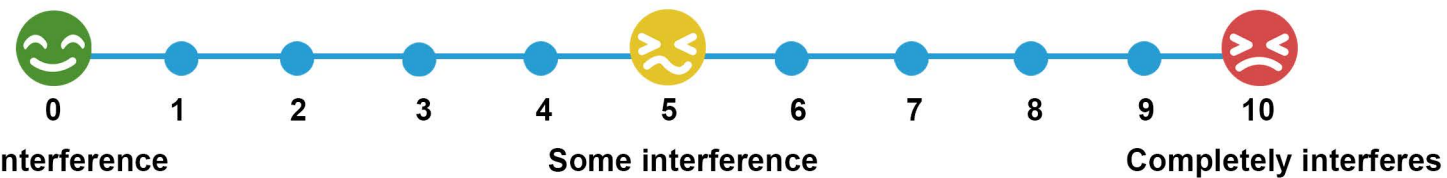
3. What number best describes your pain, on average?



4. During the past 7 days, what number describes how pain was interfered with your enjoyment of life?



5. During the past 7 days, what number best describes how pain has interfered with your general activity?

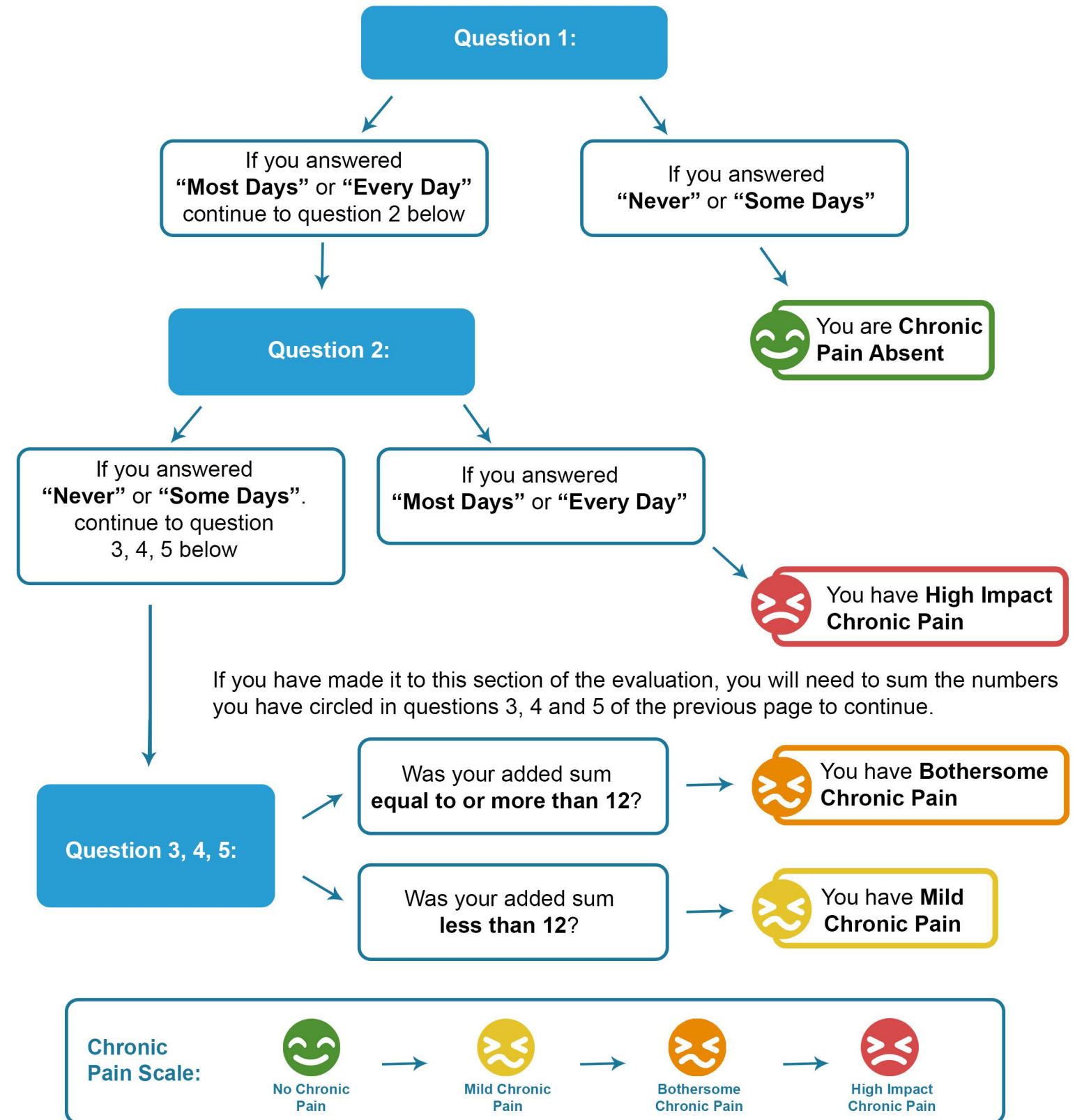


6. Are you not working or unable to work due to pain or a pain condition?

Yes      No

# Understanding your Chronic Pain Scale

Once you have completed the exercise on the previous page, follow the decision tree based on your answers to the Graded Chronic Pain Scale to understand your chronic pain results.



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