

Name: _____

Date: _____

Graded Chronic Pain Scale (GCPS)

1. How would you rate your pain on a scale of 0 to 10 **right now**?

No pain Worst possible pain
0 1 2 3 4 5 6 7 8 9 10

2. In the past 6 months, how intense was your **worst** pain?

No pain Worst possible pain
0 1 2 3 4 5 6 7 8 9 10

3. In the past 6 months, on **average**, how intense was your pain?

No pain Worst possible pain
0 1 2 3 4 5 6 7 8 9 10

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

No interference Unable to carry on any activities
0 1 2 3 4 5 6 7 8 9 10

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

No interference Unable to carry on any activities
0 1 2 3 4 5 6 7 8 9 10

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

No change Extreme change
0 1 2 3 4 5 6 7 8 9 10

7. In the past 6 months, about how many **days** have you been kept from your usual activities (work, school, housework) because of pain?

_____ Days

Patient's Initials _____