

# CHRONIC PAIN INTENSITY SCALE

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

Date: \_\_\_\_\_

Primary Condition: \_\_\_\_\_

Clinician: \_\_\_\_\_

RATING	CLASSIFICATION	FUNCTIONAL DESCRIPTION
<b>0</b>	No Pain	Pain free.
<b>1-3</b>	Mild	Nagging, annoying, but doesn't interfere with most daily living activities. Can be ignored.
<b>4-6</b>	Moderate	Interferes significantly with daily activities. Requires lifestyle changes or frequent rest. Difficult to concentrate.
<b>7-9</b>	Severe	Unable to perform most activities. Pain dominates senses. Limited social interaction and mobility.
<b>10</b>	Worst Possible	Unthinkable/Unspeakable pain. Bedridden. May require emergency intervention.

## DAILY TRACKING & OBSERVATIONS

Record pain triggers, duration, and relief effectiveness here...

This document is a clinical tool for subjective pain assessment. Not for self-diagnosis.