

Functional Pain Scale

1. What number best describes your pain on average in the past week:

| | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|--------------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No pain | | | | | | | | | | Pain as bad as you can imagine |

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

| | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Does not interfere | | | | | | | | | | Completely interferes |

3. What number best describes how, during the past week, pain has interfered with your general activity?

| | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Does not interfere | | | | | | | | | | Completely interferes |

