Pain Severity

1. Please circle the one number that best describes your physical discomfort or pain on the AVERAGE over the past 4 weeks:

   ![Bar Chart]

2. Please circle the one number that best describes your physical discomfort or pain at its WORST over the past 4 weeks:

   ![Bar Chart]
3. During the past 4 weeks, how often have you had physical discomfort or pain? (If you have had more than one discomfort or pain, answer by describing your feelings of discomfort or pain in general.) Circle ONE.

(Circle one)

Never ............................................... 1
Once or twice ................................... 2
A few times ...................................... 3
Fairly often ...................................... 4
Very often ........................................ 5
Every day or almost every day ........ 6

4. How much bodily discomfort or pain have you generally had during the past 4 weeks? Circle ONE.

(Circle one)

None ................................................ 1
Very mild .......................................... 2
Mild .................................................. 3
Moderate .......................................... 4
Severe ............................................. 5
Very severe ...................................... 6

5. When you had physical discomfort or pain during the past 4 weeks, how long did it usually last? (If you have had more than one discomfort or pain, answer by describing your feelings of discomfort or pain in general.) Circle ONE.

(Circle one)

Didn’t have any ............................... 1
A few minutes ................................. 2
Several minutes to an hour .......... 3
Several hours ................................. 4
A day or two ................................. 5
More than 2 days ........................... 6
Original format of questions 1 & 2 (psychometrics done on this format):

1. Please circle the one number that best describes your physical discomfort or pain on the average over the past 4 weeks:
   - None
   - 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
   - As bad as you can imagine

2. Please circle the one number that best describes your physical discomfort or pain at its worst over the past 4 weeks:
   - None
   - 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
   - As bad as you can imagine

Scoring
The score for each item is the number circled. If two consecutive numbers are circled, score the higher number (more pain). If the numbers are not consecutive, do not score the item. To score the scale, first transform each of the five items into a 0 to 100 scale, then calculate the mean of the transformed items. If more than two items are missing, do not score the scale. Scores range from 0-100; higher score indicates more pain.

Characteristics
Tested on 1,130 subjects with chronic disease. N=51 for test-retest.

<table>
<thead>
<tr>
<th>No. of Items</th>
<th>Observed Range</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Internal Consistency Reliability</th>
<th>Test-Retest Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>0-100</td>
<td>60.0</td>
<td>22.2</td>
<td>.88</td>
<td>.91</td>
</tr>
</tbody>
</table>

Source of Psychometric Data

Comments
This scale is a modified version of the Medical Outcomes Study pain severity scale, which was changed to omit the skip pattern and add "physical discomfort" to the item stems for the Chronic Disease Self-Management study. This scale is further modified by substituting a 0-10 visual numeric scale for the original 0-20 numeric scale in items 1 and 2. Reprinted with permission, Duke University Press. This scale available in Spanish.

References

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