

LLUH Neuropathic Therapy Center

We are providing these diagnostic tools to assist us in evaluating your progress throughout your treatment.



Pain Quality Assessment Scales

Diagnosis: _____

Pre or Post?

Patient Name: _____ Date _____ MR# _____



LOMA LINDA
UNIVERSITY
HEALTH

Neuropathic Therapy Center

Wong-Baker FACES® Pain Rating Scale



0

No
Hurt



2

Hurts
Little Bit



4

Hurts
Little More



6

Hurts
Even More



8

Hurts
Whole Lot



10

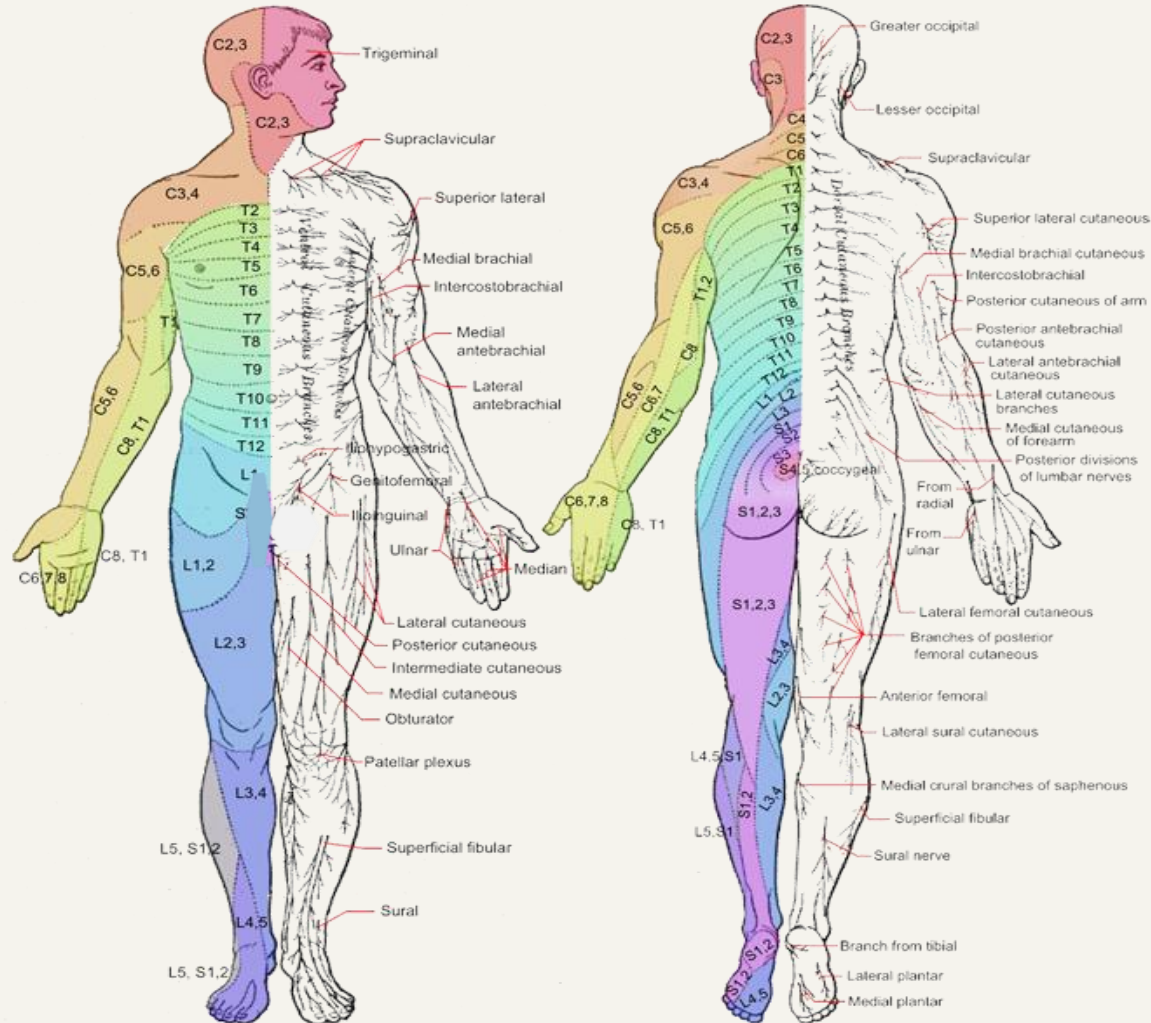
Hurts
Worst

The faces represent how much pain or discomfort someone is feeling. The face on the left shows no pain. Each face shows more and more pain, and the last face shows the worst possible pain (but you don't have to be in tears to rate your pain as a "10"). The faces correspond to the numbered scale below them. Use the scale as a guide to assist you in describing the level of your pain.

The pain scale is a meaningful part of your care, and we will use it many times throughout your treatment so we can tailor the care to meet your particular needs.

Where is Your Pain?

Please mark, on the drawings below, the areas where you feel pain. Write “E” if external or “I” if internal near the areas which you mark. Write “EI” if both external and internal



PAIN QUALITY ASSESSMENT SCALE (PQAS)

Instructions: There are different aspects and types of pain that patients experience and that we are interested in measuring. Pain can feel sharp, hot, cold, dull and achy. Some pains may feel like they are very superficial (at skin-level), or they may feel like they are from deep inside your body. Pain can be described as unpleasant and also can have different time qualities.

The Pain Quality Assessment Scale helps us measure these and other different aspects of your pain. For one patient, a pain might feel extremely hot and burning, but not at all dull, while another patient may not experience any burning pain, but feel like their pain is very dull and achy. Therefore, we expect you to rate very high on some of the scales below and very low on others.

Please use the 20 rating scales below to rate how much of each different pain quality and type you may or may not have felt over the past few days, ON AVERAGE.

1. Please use the scale below to tell us how **intense** your pain has been over the past week, on average.

No
pain

0	1	2	3	4	5	6	7	8	9	10
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The most **intense**
pain sensation
imaginable

2. Please use the scale below to tell us how **sharp** your pain has felt over the past week. Words used to describe sharp feelings include “like a knife,” “like a spike,” or “piercing.”

Not
sharp

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **sharp**
sensation imaginable
 (“like a knife”)

3. Please use the scale below to tell us how **hot** your pain has felt over the past week. Words used to describe very hot pain include “burning” and “on fire.”

Not
hot

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **hot**
sensation imaginable
 (“burning”)

4. Please use the scale below to tell us how **dull** your pain has felt over the past week.

Not
dull

0	1	2	3	4	5	6	7	8	9	10
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The most **dull**
sensation imaginable

5. Please use the scale below to tell us how **cold** your pain has felt over the past week. Words used to describe very cold pain include "like ice" and "freezing."

Not
cold

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **cold**
sensation imaginable
("freezing")

6. Please use the scale below to tell us how **sensitive** your skin has been to light touch or clothing rubbing against it over the past week. Words used to describe sensitive skin include "like sunburned skin" and "raw skin."

Not
sensitive

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **sensitive**
sensation imaginable
("raw skin")

7. Please use the scale below to tell us how **tender** your pain is when something has pressed against it over the past week. Another word used to describe tender pain is "like a bruise."

Not
tender

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **tender**
sensation imaginable
("like a bruise")

8. Please use the scale below to tell us how **itchy** your pain has felt over the past week. Words used to describe itchy pain include "like poison ivy" and "like a mosquito bite."

Not
itchy

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **itchy**
sensation imaginable
("like poison ivy")

9. Please use the scale below to tell us how much your pain has felt like it has been **shooting** over the past week. Another word used to describe shooting pain is "zapping."

Not
shooting

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **shooting**
sensation imaginable
("zapping")

10. Please use the scale below to tell us how **numb** your pain has felt over the past week. A phrase that can be used to describe numb pain is "like it is asleep."

Not
numb

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **numb**
sensation imaginable
("asleep")

11. Please use the scale below to tell us how much your pain sensations have felt **electrical** over the past week. Words used to describe electrical pain include "shocks," "lightning," and "sparking."

Not
electrical

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **electrical**
sensation imaginable
("shocks")

12. Please use the scale below to tell us how **tingling** your pain has felt over the past week. Words used to describe tingling pain include "like pins and needles" and "prickling."

Not
tingling

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **tingling**
sensation imaginable
("pins and needles")

13. Please use the scale below to tell us how **cramping** your pain has felt over the past week. Words used to describe cramping pain include "squeezing" and "tight."

Not
cramping

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **cramping**
sensation imaginable
("squeezing")

14. Please use the scale below to tell us how **radiating** your pain has felt over the past week. Another word used to describe radiating pain is "spreading."

Not
radiating

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **radiating**
sensation imaginable
("spreading")

15. Please use the scale below to tell us how **throbbing** your pain has felt over the past week. Another word used to describe throbbing pain is "pounding."

Not
throbbing

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **throbbing**
sensation imaginable
("pounding")

16. Please use the scale below to tell us how **aching** your pain has felt over the past week. Another word used to describe aching pain is "like a toothache."

Not
aching

0	1	2	3	4	5	6	7	8	9	10
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The most **aching**
sensation imaginable
("like a toothache")

17. Please use the scale below to tell us how **heavy** your pain has felt over the past week. Other words used to describe heavy pain are "pressure" and "weighted down."

Not
heavy

0	1	2	3	4	5	6	7	8	9	10
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The most **heavy**
sensation imaginable
("weighted down")

18. Now that you have told us the different types of pain sensations you have felt, we want you to tell us overall how **unpleasant** your pain has been to you over the past week. Words used to describe very unpleasant pain include "annoying," "bothersome," "miserable," and "intolerable." Remember, pain can have a low intensity but still feel extremely unpleasant, and some kinds of pain can have a high intensity but be very tolerable. With this scale, please tell us how **unpleasant** your pain feels.

Not
unpleasant

0	1	2	3	4	5	6	7	8	9	10
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The most **unpleasant**
sensation imaginable
("intolerable")

19. We want you to give us an estimate of the severity of your deep versus surface pain over the past week. We want you to rate each location of pain separately. We realize that it can be difficult to make these estimates, and most likely it will be a "best guess," but please give us your best estimate.

HOW INTENSE IS YOUR *DEEP* PAIN?

No
deep
pain

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **intense deep**
pain sensation
imaginable

HOW INTENSE IS YOUR *SURFACE* PAIN?

No
surface
pain

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The most **intense surface**
pain sensation
imaginable

20. Pain can also have different time qualities. For some people, the pain comes and goes and so they have some moments that are completely without pain; in other words the pain “comes and goes”. This is called **intermittent** pain. Others are never pain free, but their pain types and pain severity can vary from one moment to the next. This is called **variable** pain. For these people, the increases can be severe, so that they feel they have moments of very intense pain (“breakthrough” pain), but at other times they can feel lower levels of pain (“background” pain). Still, they are never pain free. Other people have pain that really does not change that much from one moment to another. This is called **stable** pain. Which of these best describes the time pattern of your pain (please select only one):

- ☐ I have **intermittent** pain (I feel pain sometimes but I am pain-free at other times).
- ☐ I have **variable** pain (“background” pain all the time, but also moments of more pain, or even severe “breakthrough pain or varying types of pain).
- ☐ I have **stable** pain (constant pain that does not change very much from one moment to another, and no pain-free periods).

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Thank You!

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LOMA LINDA UNIVERSITY HEALTH

Therapist to Fill Out

- » 1. Monofilament reading
- » 2. LENS total:
- » 3. Sharp dull location:
- » 4. Dates from last test if post: