

The Glasgow Pain Questionnaire

A Generic Measure Of Pain

(Thomas RJ, McEwen J, Asbury AJ Int J Epidemiol Vol 25 1996)

NAME: _____

DATE: _____

- 1. Pain was Mild
- 2. Pain got me down
- 3. Pain upset me normal routine
- 4. I had pain infrequently
- 5. Pain as moderate
- 6. Pain was unbearable at times
- 7. Pain made everything come to a standstill
- 8. Pain made me feel miserable
- 9. I had occasional pain or discomfort
- 10. Sometimes I couldn't stand the pain
- 11. At times the pain was hard to bear
- 12. I could hardly move due to the pain
- 13. I felt upset by the pain
- 14. I had pain all the time
- 15. The pain was intense
- 16. I had some pain or discomfort
- 17. At time the pain was a bit hard to bear
- 18. Pain stopped me doing the things that I wanted
- 19. The pain was uncomfortable
- 20. My social life was affected by the pain
- 21. I rarely have pain
- 22. The pain was a little difficult to cope with
- 23. I felt the pain was wearing me down
- 24. I had some strong pain
- 25. I had some pain or discomfort