Ear Piercing Pain Scale

EAR PIERCING PAIN SCALE

There are no right or wrong answers. Mark the response that best describes you over the period stated, and answer every item.

Name: _____ **Date completed:** _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy **Record / MRN number:** _____

Answer each of the 10 items below. Choose the response that best describes the last two weeks unless you are told otherwise.

1. I understand what ear piercing pain involves and why it has been recommended.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

2. I am confident managing client goals and contraindications day to day.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

3. Treatment parameters and products used has been discussed with me.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

4. I know who to contact if something changes between appointments.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

5. I am able to follow the advice I have been given about client response and aftercare given.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

6. I have enough information to make decisions about my care.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

7. The symptoms I came in with have affected my daily activities.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

8. I have found it difficult to keep up with rebooking and course planning.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

9. I have had support from family, friends or carers with this.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

10. I am satisfied with the care I have received so far.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

Anything else you would like the team to know

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Total score: _____ **Interpretation:** _____

Completed by: _____ **Reviewed by / date:** _____