Mankoski Pain Scale

Patient's name: _____ **Date:** _____ dd / mm / yyyy

Condition: _____ **Completed by:** _____

HOW TO USE IT

The Mankoski Pain Scale describes each level of a 0 to 10 pain scale in terms of what the person can still do and what medication helps. It was written by a patient to make a plain number mean something concrete to clinicians and family.

Not a validated clinical instrument

This scale has not been through formal validation. Use it to help a patient describe their pain in their own terms, alongside a validated measure where one is needed for a clinical record.

THE SCALE

0 — Pain free

1 — Very minor annoyance — Occasional minor twinges. No medication needed.

2 — Minor annoyance — Occasional strong twinges. No medication needed.

3 — Annoying enough to be distracting — Mild painkillers are effective.

4 — Can be ignored if you are involved in your work — But still distracting. Mild painkillers relieve pain for 3 to 4 hours.

5 — Cannot be ignored for more than 30 minutes — Mild painkillers reduce pain for 3 to 4 hours.

6 — Cannot be ignored for any length of time — But you can still go to work and participate in social activities. Stronger painkillers reduce pain for 3 to 4 hours.

7 — Makes it difficult to concentrate, interferes with sleep — You can still function with effort. Strongest painkillers relieve pain.

8 — Physical activity severely limited — You can read and converse with effort. Nausea and dizziness set in as factors of pain.

9 — Unable to speak — Crying out or moaning uncontrollably. Near delirium.

10 — Unconscious — Pain makes you pass out.

Level today

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

0 1 2 3 4 5 6 7 8 9 10

PAIN DIARY

Date / time: _____ **Level:** _____

After meds: _____ **What you were doing:** _____

Medication taken: _____

Notes

Date / time: _____ **Level:** _____

After meds: _____ **What you were doing:** _____

Medication taken: _____

Notes

Date / time: _____ Level: _____

After meds: _____ What you were doing: _____

Medication taken: _____

Notes

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Date / time: _____ Level: _____

After meds: _____ What you were doing: _____

Medication taken: _____

Notes

What makes it better, what makes it worse, and questions for your next appointment

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