

Barometric Pressure Pain Scale

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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

Date of birth

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 barometric pressure pain involves and why it has been recommended.

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Always
-

2. I am confident managing pain intensity, quality and location day to day.

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Always
-

3. Functional impact on daily activity 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 analgesic use and response.

- ☐ 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 escalation triggers and review points.

- ☐ 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

For office use only

Total score

Interpretation

Completed by

Reviewed by / date