

# **The Scale of Pain Intensity SPIN Screen**

The SPIN Screen can be used and copied freely,  
***but please acknowledge the originators in all publications***

The SPIN was originally devised by Dr Diana Jackson

**Further information and advice may be obtained from:**

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# The SPIN Screen. 1

Patient Name.....
Date.....
Time.....

**1. Do you have pain anywhere?**

<input type="checkbox"/>
<input checked="" type="checkbox"/>

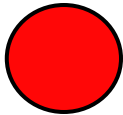
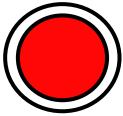
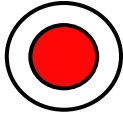
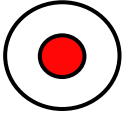

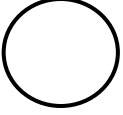
**Yes** If yes, where?.....  
**No** NB if >1 site, complete separate sheet for both

**2. The scale below is a measure of pain.**

The top red circle indicates pain as bad as it could be

The bottom clear circle indicates no pain at all

**Which circle best describes the pain that you feel?**

	<b>Pain as bad as it could be</b>
	
	
	
	
	<b>No pain</b>

**3. To the administrator:**

In your opinion, does the patient understand this scale?

**Comments:**

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>
<input type="checkbox"/>	<b>Not sure</b>

If not sure, refer for **Full SPIN**

# The NGRS Screen. 1

Patient Name.....  
Date.....  
Time.....

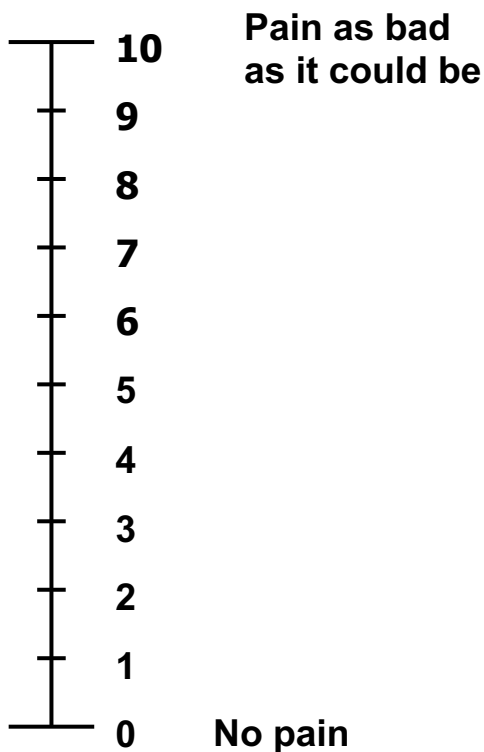
## 4. The scale below is a measure of pain.

The top LEVEL (Marked 10) indicates pain as bad as it could be

The bottom LEVEL (0) indicates no pain at all

**Which circle best describes the pain that you feel?**

## The Numeric Graphic Rating Scale (NGRS)



### 5. To the administrator:

In your opinion, does the patient understand this scale?

**Comments:**

- Yes**
- No**
- Not sure**

If not sure, refer for **Full SPIN**

### 6. Which scale would they prefer to use to assess their pain routinely?

- The SPIN**
- The NGRS**
- Either**

# The SPIN Screen 2

Repeat in 24 hours if  
SPIN Screen 1 is positive

Patient Name.....
Date.....
Time.....

1. Do you have pain anywhere?

<input type="checkbox"/>
<input checked="" type="checkbox"/>

Yes If yes, where?.....  
No NB if >1 site, complete separate sheet for both

2. Has in changed at all since yesterday? ( or date when SPIN 1 was done).

Yes / No, not really

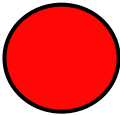
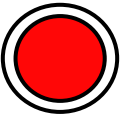
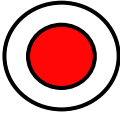

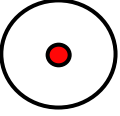
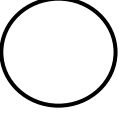
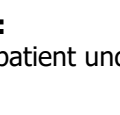
If so, how: better / worse / same

3. You probably remember that the scale below is a measure of pain.

The top red circle indicates pain as bad as it could be

The bottom clear circle indicates no pain at all

Which circle best describes the pain that you feel?

	Pain as bad as it could be
	
	
	
	
	
	No pain

4. To the administrator:

In your opinion, does the patient understand this scale?

Comments:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Not sure

If not sure, refer for Full SPIN