KING'S PD PAIN SCALE

Patient ID No: ________________ **Initials:** ________________ **DOB:** ________________

This scale is designed to define and accurately describe the different types and the pattern of pain that your patient may have experienced **during the last month** due to his/her Parkinson's disease or related medication.

Each symptom should be scored with respect to

Severity: 0 = None,
1 = Mild (symptoms present but causes little distress or disturbance to patient),
2 = moderate (some distress or disturbance to patient),
3 = Severe (major source of distress or disturbance to patient).

Frequency: 0 = Never,
1 = Rarely (<1/wk),
2 = Often (1/wk),
3 = Frequent (several times per week),
4 = Very Frequent (daily or all the time).

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	Severity (0 – 3)	Frequency (0 – 4)	Frequency x Severity
Domain 1: Musculoskeletal Pain			
1. Does the patient experience pain around his/her joints? (including arthritic pain)	☐	☐	☐
Domain 1 TOTAL SCORE:			☐
Domain 2: Chronic Pain			
2. Does the patient experience pain deep within the body? (A generalised constant, dull, aching pain – *central pain*)	☐	☐	☐
3. Does the patient experience pain related to an internal organ? (For example, pain around the liver, stomach or bowels – visceral pain)	☐	☐	☐
Domain 2 TOTAL SCORE:			☐
Domain 3: Fluctuation-related Pain			
4. Does the patient experience dyskinetic pain? (pain related to abnormal involuntary movements)	☐	☐	☐
5. Does the patient experience "off" period dystonia in a specific region? (in the area of dystonia)	☐	☐	☐
6. Does the patient experience generalised "off"period pain? (pain in whole body or areas distant to dystonia)	☐	☐	☐

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Domain 3 TOTAL SCORE: ☐

Domain 4: Nocturnal Pain	**Severity** (0 – 3)	**Frequency** (0 – 4)	**Frequency x Severity**
7. Does the patient experience pain related to jerking leg movements during the night (PLM) or an unpleasant burning sensation in the legs which improves with movement (RLS)?	☐	☐	☐
8. Does the patient experience pain related to difficulty turning in bed at night?	☐	☐	☐

Domain 4 TOTAL SCORE: ☐

Domain 5: Oro-facial Pain			
9. Does the patient experience pain when chewing?	☐	☐	☐
10. Does the patient have pain due to grinding his/her teeth during the night?	☐	☐	☐
11. Does the patient have burning mouth syndrome?	☐	☐	☐

Domain 5 TOTAL SCORE: ☐

Domain 6: Discolouration; Oedema/swelling			
12. Does the patient experience a burning pain in his/her limbs? (often associated with swelling or dopaminergic treatment)	☐	☐	☐
13. Does the patient experience generalised lower abdominal pain?	☐	☐	☐

Domain 6 TOTAL SCORE: ☐

Domain 7: Radicular Pain			
14. Does the patient experience a shooting pain/ pins and needles down the limbs?	☐	☐	☐

Domain 7 TOTAL SCORE: ☐

TOTAL SCORE (all domains): ☐

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Comments:

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