Faces Pain Scale Assessment Template

Name:	Date of birth:

0	**2**	**4**	**6**	**8**	**10**
No hurt	**Hurts little bit**	**Hurts little more**	**Hurts even more**	**Hurts whole lot**	**Hurts worst**
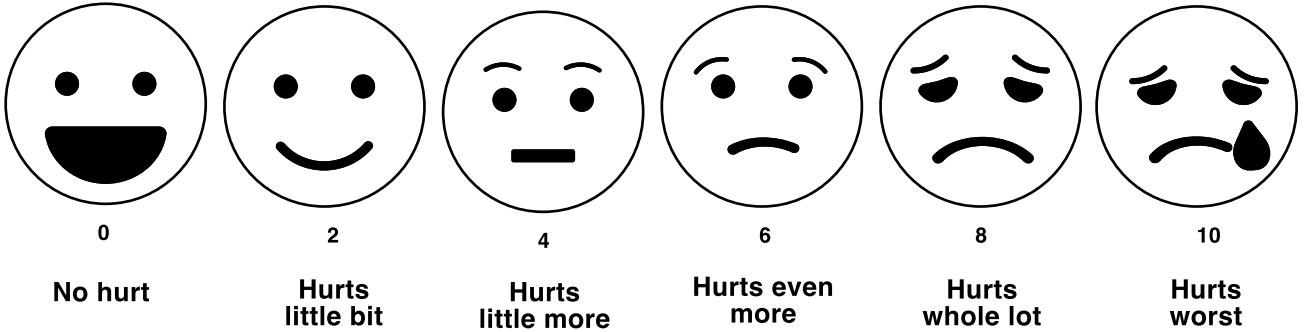
Pain level	Date/Time	Medication	Notes

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