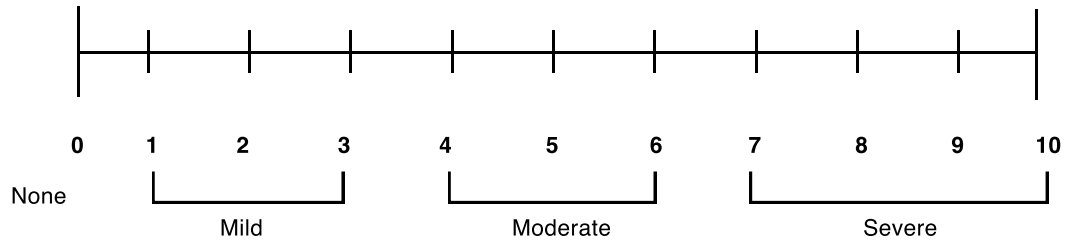


Numeric Pain Scale Assessment

Name:

Date:

Instructions: Please look at this pain scale below.



What you will do is rate yourself based on the prompts below between 0 to 10, with 0 meaning you feel/felt no pain at all, and 10 meaning you are feeling/felt the worst pain imaginable.

1. How would you rate the pain you're feeling right now?

0 1 2 3 4 5 6 7 8 9 10

2. How would you rate the USUAL level of pain you felt during the LAST WEEK?

0 1 2 3 4 5 6 7 8 9 10

3. How would you rate your BEST level of pain during the last week (by BEST, meaning the lowest level of pain)?

0 1 2 3 4 5 6 7 8 9 10

4. How would you rate your WORST level of pain during the last week?

0 1 2 3 4 5 6 7 8 9 10

Average score based on prompts 2-4:

Additional Notes: