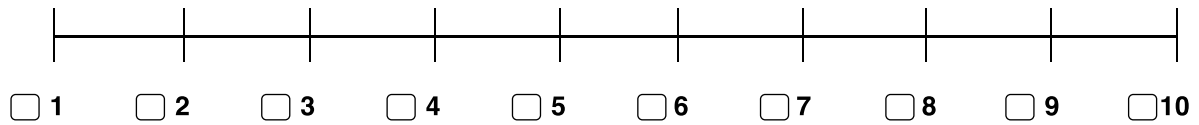


Pain Scale 1-10

Name:

Date:

Instructions: Reflecting on the past seven days, including today, use this scale to rate how you've been doing in various elements of your life. The mark to the left represents the lowest level while the mark to the right represents the highest level.



During the past 24 hours, how has the pain affected your usual routine? (check one)

1 2 3 4 5 6 7 8 9 10

How has the pain interfered with your sleep in the last 24 hours? (check one)

1 2 3 4 5 6 7 8 9 10

During the past 24 hours, how has the pain affected your mood? (check one)

1 2 3 4 5 6 7 8 9 10

How has the pain changed your stress levels in the last 24 hours? (check one)

1 2 3 4 5 6 7 8 9 10

Interpretation:

1-3 – mild pain

4-7 – moderate pain

8-10 – severe pain

Additional notes: