

Pain Scale 1-10

Patient information

Full name:

Age:

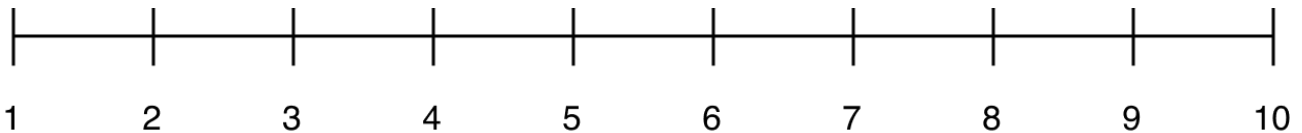
Date of birth:

Date assessed:

Is there a known reason for the pain? If so, please indicate below

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.

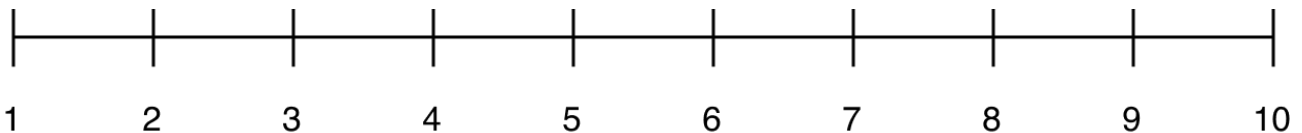


Interpretation:

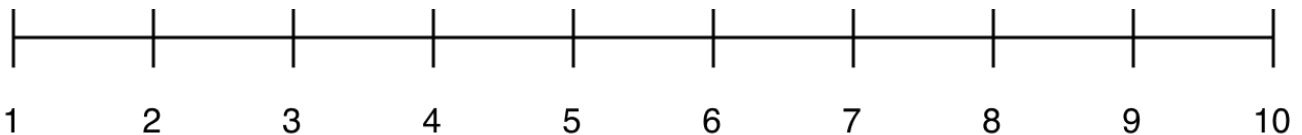
- **1-3:** Mild pain
- **4-7:** Moderate pain
- **8-10:** Severe pain

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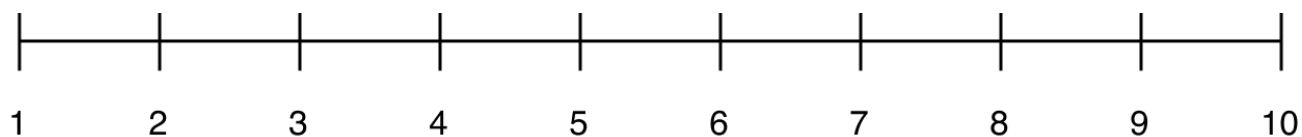
During the past 24 hours, how has the pain affected your usual routine? Check one:



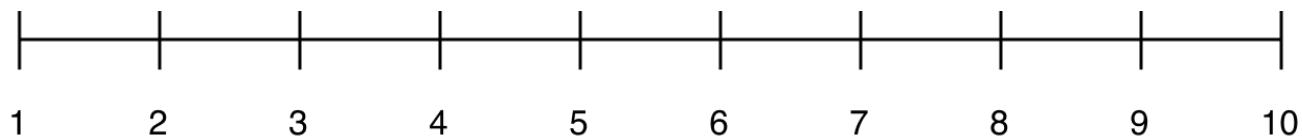
How has the pain interfered with your sleep in the last 24 hours? Check one:



During the past 24 hours, how has the pain affected your mood? Check one:



How has the pain changed your stress levels in the last 24 hours? Check one:



Additional notes concerning your pain

Please describe how your pain feels. Is it sharp? Is it burning? Try to be as descriptive as possible: