

# Pain Scale Chart












## Client Information

Name: \_\_\_\_\_ Date of Consultation: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

PAIN SCALE			
<b>Not Well Controlled</b>	<b>SEVERE</b> <b>Unable to do normal activities</b> - hard or unable to think, talk, or move or do activities (examples: bathing, dressing, eating)  - hard or unable to enjoy life because of pain	10	 <b>Worst Possible</b>
		9	 <b>Severe</b>
		8	 <b>Intense</b>
		7	 <b>Strong</b>
<b>Well Controlled</b>	<b>MEDIUM/MODERATE</b> <b>Hard to do normal activities</b> - able to do normal activities, but pain is often there with work, housework, socializing, and hobbies	6	 <b>Nagging/Distressing</b>
		5	 <b>Annoying/Distracting</b>
		4	 <b>Moderate</b>
	<b>MILD</b> <b>Able to do normal activities</b> - pain is hardly there or can be ignored	3	 <b>Uncomfortable</b>
		2	 <b>Mild</b>
		1	 <b>Slight</b>
		0	 <b>No Pain</b>

Which area of the body does the patient feel the pain in?

**Based on the pain scale, how does the patient describe the pain?**

**Treatment:**

**Recommendation:**

**Additional notes:**