

Pain Scale Chart

Patient name: _____ Date: _____

0 - No pain	<ul style="list-style-type: none">• No discomfort or pain is present• Complete at ease
1 - Very mild pain	<ul style="list-style-type: none">• Barely noticeable pain• No interference with daily activities
2 - Mild pain	<ul style="list-style-type: none">• Minor discomforts• It can be easily ignored during daily activities
3 - Moderate pain	<ul style="list-style-type: none">• Uncomfortable pain that may cause some distraction• Can still perform most daily activities but with some difficulty
4 - Moderate to severe pain	<ul style="list-style-type: none">• Pain that starts to interfere with daily activities• May need over-the-counter pain medication for relief
5 - Severe pain	<ul style="list-style-type: none">• Pain that significantly impacts daily activities• Over-the-counter pain medication may not be enough, and rest is often needed
6 - Intense pain	<ul style="list-style-type: none">• Very strong pain that may cause an inability to concentrate on tasks• Prescription pain medication may be required
7 - Very intense pain	<ul style="list-style-type: none">• Pain that is nearly unbearable• Prescription pain medication and medical intervention are typically needed
8 - Excruciating pain	<ul style="list-style-type: none">• Pain is so intense that it is difficult to think or communicate• Requires immediate medical attention
9 - Unbearable pain	<ul style="list-style-type: none">• Pain that feels all-consuming and impossible to tolerate• Immediate medical intervention is necessary
10 - Worst possible pain	<ul style="list-style-type: none">• Pain that is beyond imagination• Requires urgent medical care and treatment

Notes