



## PAIN RATING

Patient Name: \_\_\_\_\_

No Pain   Weak Pain   Moderate   Strong   Very Strong   Very, Very Strong   Emergency/Hospital

0

1-2

3-4

5

6-7

8-9

10

Using the above 0-10 scale, what number best describes your pain:

What is your lowest pain level? \_\_\_\_\_

What is your highest pain level? \_\_\_\_\_

Pain level right now? \_\_\_\_\_

Please shade all area of pain caused by your current injury using the appropriate symbols:

Ache /////  
Ache symbol: four diagonal slashes (/////

Burning XXXX  
Burning symbol: four X's (XXXX

Numbness OOOO  
Numbness symbol: four O's (OOOO

Sharp ■■■■  
Sharp symbol: four solid squares (■■■■

