

PAIN RATING SCALE

A useful record that may help you to explain your pain to your medical practitioner

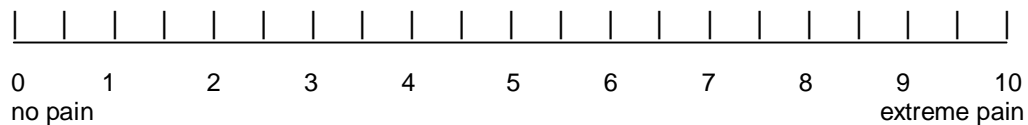
Name: Date:

NB Complete at the end of the day

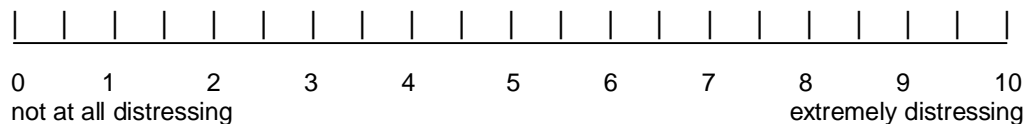
Mark on the Pain Scales below to show how your pain is affecting you.

Score	Level of pain experienced	How the pain affects you
0	no pain	
1 – 3	mild pain	Aware only if thinking about it
4 – 5	moderate pain	Can be ignored at times
6 – 7	fairly severe pain	Painful but can continue tasks
8 – 9	very severe pain	Concentration difficult, can only do undemanding tasks
10	extreme pain, the worst pain	Overwhelming pain, can do almost nothing

How would you score your pain **right now**?



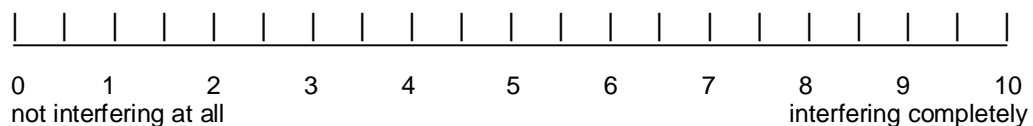
How **distressing** do you find your pain **right now**?



How would you score your pain for the **whole of today**?



How much did your pain interfere with your normal everyday activities **today**?



If you had any **treatment for your pain today (whether pills, TENs or some other therapy/treatment)**, how much has this relieved the pain?

0% 10% 20% 30% 40% 50% 60% 60% 70% 80% 90% 100%

Any other comments _____

