

## PAIN RATING SCALE

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

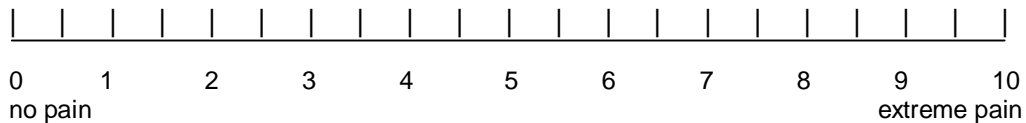
Name: ..... Date: .....

**NB Complete at the end of the day**

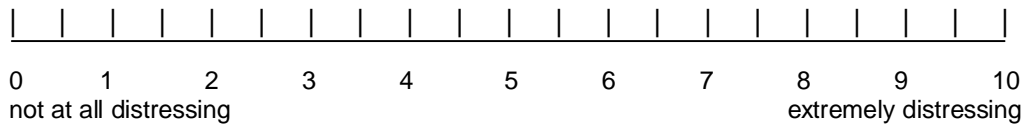
Mark on the Pain Scales below to show how your pain is affecting you.

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

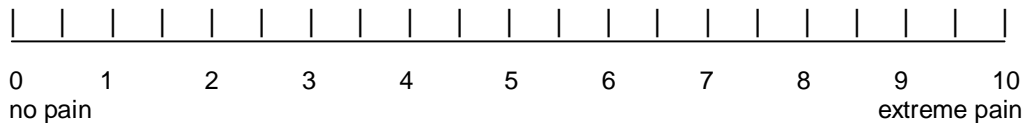
How would you score your pain **right now**?



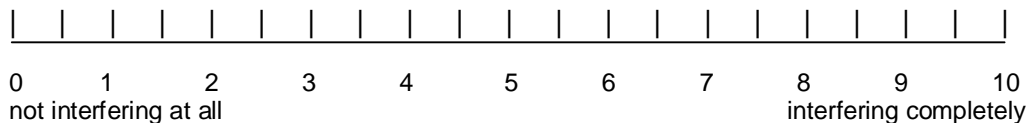
How **distressing** do you find your pain **right now**?



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** \_\_\_\_\_  
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