

PAIN RATING SCALE

DATE: _____

NAME: _____

0	ABSENT	
1	VERY MILD	Very light barely noticeable pain
2	UNCOMFORTABLE	Minor pain - irritating
3	TOLERABLE	Moderate pain, however you have adapted to it
4	DISTRESSING	Strong, deep pain, like an average toothache
5	VERY DISTRESSING	Notice the pain all the time
6	INTENSE	Dominates your senses some of the time
7	VERY INTENSE	Dominates your senses at least half of the time
8	HORRIBLE	Pain so intense you can no longer think clearly at all
9	UNBEARABLE	Pain so intense you demand pain killers or surgery no matter the risk
10	UNIMAGINABLE	Pain so intense you will go unconscious shortly