

Numeric Pain Scale

Instructions: Rate your major area of pain on a **0 to 10+ Pain Rating Scale**. Write the number of your pain in the spaces provided; pain now, lowest pain over the last month, and the highest pain over the last month.

Listed by the numbers or number ranges are examples of how healthcare workers will expect someone to look, act, and function. During the evaluation, ***your ratings will be measured against these criteria*** to see how consistent your complaints are with your behaviors.

10+ = The Worst Pain That Anyone Can Possibly Feel

You would be in the hospital and are totally dependent on someone for your care.

10 = Pain Requiring Emergency Medical Care

The pain is so bad; you would seek immediate medical attention.

7-8-9 = Pain Causing You to Stay in Bed

You would be able to feed yourself, go to the bathroom, and bathe. But for anything else you would need help.

6 = Pain Causing You to Stay Home

You would be able to perform all of your own self-care, but your pain would not allow you to travel beyond very short trips to the store or the doctor.

3-4-5 = Pain Causing You to Alter Your Daily Routine

You would need to change the way you do normal tasks or to eliminate the hardest things you do.

1-2 = Mild Discomfort

You can complete all of your normal duties and chores, but with mild discomfort.

0 = No Pain or Discomfort

Your pain level ***at this very second***: _____

Your ***lowest*** pain in the last month: _____

Your ***worst*** pain in the last month: _____

My signature below indicates that I understand the above and have had the opportunity to ask questions.

Patient

Date

Worker

Date