

## Pain Numeric Rating Scale

1. On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your pain **RIGHT NOW**.

0      1      2      3      4      5      6      7      8      9      10

**No Pain** **Worst Pain Imaginable**

2. On the same scale, how would you rate your **USUAL** level of pain during the last week.

0      1      2      3      4      5      6      7      8      9      10

**No Pain** **Worst Pain Imaginable**

3. On the same scale, how would you rate your **BEST** level of pain during the last week.

0      1      2      3      4      5      6      7      8      9      10

**No Pain** **Worst Pain Imaginable**

4. On the same scale, how would you rate your **WORST** level of pain during the last week.

0      1      2      3      4      5      6      7      8      9      10

**No Pain** **Worst Pain Imaginable**

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

Date: \_\_\_/\_\_\_/\_\_\_