

Pain Scale Chart

Patient name: _____ Date: _____

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| 0 - No pain | <ul style="list-style-type: none">• No discomfort or pain is present• Complete at ease |
| 1 - Very mild pain | <ul style="list-style-type: none">• Barely noticeable pain• No interference with daily activities |
| 2 - Mild pain | <ul style="list-style-type: none">• Minor discomforts• It can be easily ignored during daily activities |
| 3 - Moderate pain | <ul style="list-style-type: none">• Uncomfortable pain that may cause some distraction• Can still perform most daily activities but with some difficulty |
| 4 - Moderate to severe pain | <ul style="list-style-type: none">• Pain that starts to interfere with daily activities• May need over-the-counter pain medication for relief |
| 5 - Severe pain | <ul style="list-style-type: none">• Pain that significantly impacts daily activities• Over-the-counter pain medication may not be enough, and rest is often needed |
| 6 - Intense pain | <ul style="list-style-type: none">• Very strong pain that may cause an inability to concentrate on tasks• Prescription pain medication may be required |
| 7 - Very intense pain | <ul style="list-style-type: none">• Pain that is nearly unbearable• Prescription pain medication and medical intervention are typically needed |
| 8 - Excruciating pain | <ul style="list-style-type: none">• Pain is so intense that it is difficult to think or communicate• Requires immediate medical attention |
| 9 - Unbearable pain | <ul style="list-style-type: none">• Pain that feels all-consuming and impossible to tolerate• Immediate medical intervention is necessary |
| 10 - Worst possible pain | <ul style="list-style-type: none">• Pain that is beyond imagination• Requires urgent medical care and treatment |

Notes