

PAIN SENSATION

*The actual feeling of the pain you are experiencing
(stabbing, throbbing, aching, burning, tightness)*

0

No Pain
Pain Free

1

2

3

4



Functional
*The pain is present
It does not get in the way
No effect on my daily activities and my life*

5

6

7



Uncomfortable
*Hard to move, cannot concentrate
Impacting my abilities
Affects my daily activities and my life*

8

9



Severe
*Not able to leave my home
Unable to do anything: I am in Bed
High Effect on my daily activities and my
life*

10

Unbearable
*Out of Control, Overwhelmed
Cannot tolerate the excruciating sensation
Seeking Immediate Attention
(Urgent Care/Emergency Room)*

