PAIN LEVEL CHART

PATIENT NAME: _____

Describe Your Pain: Use this chart to help you describe your particular level of pain to your health care provider.

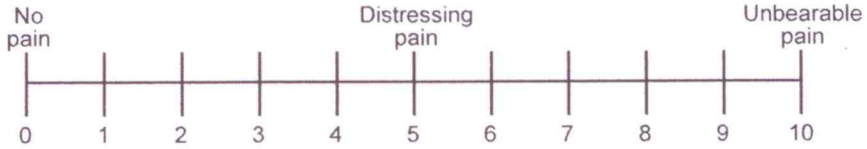
My pain is:

☐ Throbbing	☐ Aching	☐ Steady	☐ Persistent
☐ Stabbing	☐ Pinching	☐ Localized	☐ Comes & Goes
☐ Dull	☐ Burning	☐ Generalized	

☐ Other (please describe) _____

_____

Use the scale below to better estimate the level of the pain you are experiencing: Remember that pain affects everyone differently and only you know what you are feeling. The following scale can help you define the intensity of your pain and describe your discomfort to caregivers so they can provide the best treatment.



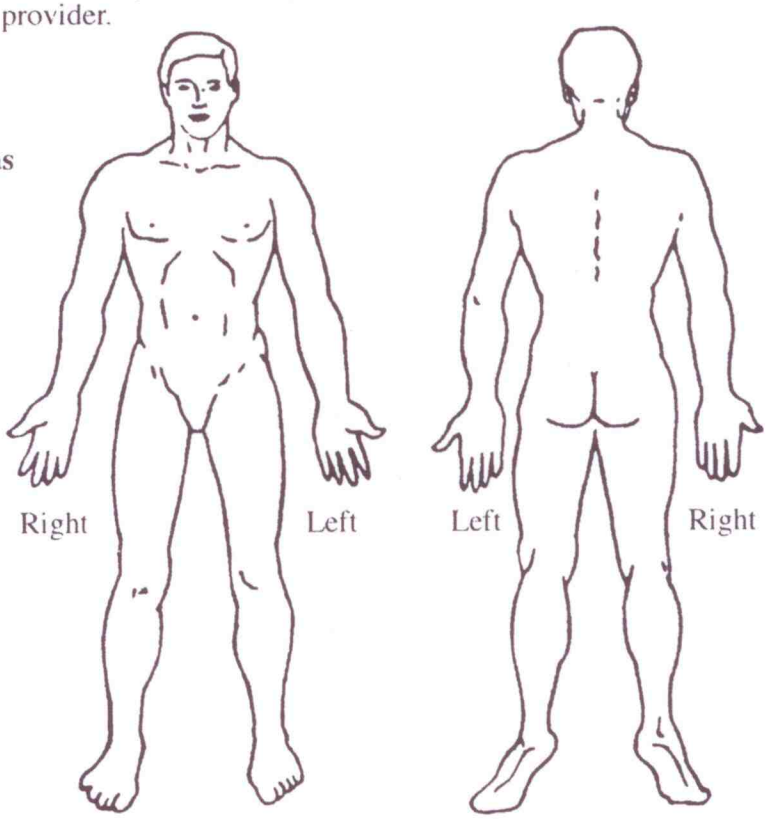
0 - 1: Very little or barely noticeable pain.

2 - 3: Pain is present, but you may have to stop and think about it to really tell if it is there or gone. You seem just fairly comfortable.

4 - 5: You now notice your pain, perhaps at rest or during activity. It may interfere with your activities. Level "4" is the level at which it is a good idea to start introducing some avenues of relief.

6 - 7: Your pain is distracting you, but you may be able to focus on something else rather than the pain for a short period of time. You may be "gritting your teeth" to carry out activities.

8 - 9: Your pain may be severe enough that it makes you stop in the middle of an activity, or not be able to complete it at all. It is difficult to think of anything else but your pain at this level. You may be uncomfortable even during rest or quiet times.

10: Your pain is now the worst you can imagine. Do not wait for Level "10" before your discuss options with your health care provider.

Please shade areas where you are experiencing pain.