Pain Scale 1-10

Name: _____ **Date:** _____ dd / mm / yyyy

Instructions: Reflecting on the past seven days, including today, use this scale to rate how you've been doing in various elements of your life. The mark to the left represents the lowest level while the mark to the right represents the highest level.

During the past 24 hours, how has the pain affected your usual routine?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
1 2 3 4 5 6 7 8 9 10

How has the pain interfered with your sleep in the last 24 hours?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
1 2 3 4 5 6 7 8 9 10

During the past 24 hours, how has the pain affected your mood?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
1 2 3 4 5 6 7 8 9 10

How has the pain changed your stress levels in the last 24 hours?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○
1 2 3 4 5 6 7 8 9 10

Interpretation: 1-3 – mild pain, 4-7 – moderate pain, 8-10 – severe pain

Additional Notes