Numeric Pain Scale Assessment

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

Instructions: Please look at this pain scale below. What you will do is rate yourself based on the prompts below between 0 to 10, with 0 meaning you feel/felt no pain at all, and 10 meaning you are feeling/felt the worst pain imaginable.

How would you rate the pain you're feeling right now?

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5 6 7 8 9 10

How would you rate the USUAL level of pain you felt during the LAST WEEK?

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5 6 7 8 9 10

How would you rate your BEST level of pain during the last week (by BEST, meaning the lowest level of pain)?

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5 6 7 8 9 10

How would you rate your WORST level of pain during the last week?

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5 6 7 8 9 10

Average score based on prompts 2-4: _____

Additional Notes: