

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)*