Pain Assessment Scales

Choose a number from 0 to 10 that best describes your pain:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Worst Pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OR:** Choose a word that best describes your pain:

- No Pain
- Mild
- Moderate
- Severe

**OR:** Choose the face that best describes how you feel:

- 0: No Hurt
- 1: Hurts Little Bit
- 2: Hurts Little More
- 3: Hurts Even More
- 4: Hurts Whole Lot
- 5: Hurts Worst