

# PAIN SCALE

Please select the pain number that best describes your pain today.

- 0** Pain free, able to perform all work, home, sport and recreational activities.
- 1** Occasional pain. Pain is described as achy, dull, soreness or stiffness. **No limitations** of activities of daily living.
- 2** Frequent pain. Pain is described as achy, dull, soreness or stiffness. May require over-the-counter (OTC) pain medication [i.e. aspirin, Tylenol, Advil, etc.]. There is a **slight impairment** of activities of daily living.
- 3** Frequent pain. Pain is described as achy, dull, soreness or stiffness. May or may not be effectively managed by OTC's, may require a prescription pain medication, but **not restricting** daily activities of living.
- 4** Frequent pain. Pain is usually sharp and stabbing which may **moderately** affect activities of daily living. Patient remains independent. You notice the pain all the time; pain is controlled by prescription medication.
- 5** Frequent or almost constant sharp and stabbing pain causing **significant** limitations on activities of daily living. Can not perform any demanding tasks or you need to take periodic breaks. You notice the pain all the time; pain is controlled by prescription medication.
- 6** Constant pain that is sharp and stabbing, with **frequent** limitations of activities or daily living. Frequently causes confinement to bed or the house. The pain is moderately contained by prescription medication.
- 7** Constant pain that is sharp and stabbing with **continuous** limitations of activities of daily living. The pain is only partially contained by prescription medication. You experience continuous limitations of activities of daily living.
- 8** Constant pain that is sharp, stabbing, jabbing and throbbing types of pain. The pain **almost entirely prohibit** all activities at both home and work. Sleeping is extremely difficult.
- 9** Constant pain that is sharp, stabbing, jabbing and throbbing types of pain. This pain is uncontained by prescription medication. This type of pain is **completely disabling** of activities of daily living. This type of pain requires interventions or assistance by others.
- 10** Intolerable, excruciating, worst imaginable pain requiring emergency room treatment and generally, pain medication injections.