

INSTRUCTIONS

Rate your major area of pain on the 0-10+ Pain Rating Scale. Write the number of your pain at the present time and your best day and your worst day over the past 30 days. Remember, the numbers refer to your pain, not how strong or weak you feel. For Example: No. 1 is Very Weak Pain and No. 7 is Very Strong Pain.

10+ - Maximal

10 - Very, Very Strong

9 -

8 -

7 - Very Strong

6 -

5 - Strong

4 - Somewhat Strong

3 - Moderate

2 - Weak

1 - Very Weak

0.5 - Very, Very, Weak

0 - Nothing At All

YOUR PAIN RATING

Pain Now _____

Best Day _____

OVER PAST 30 DAYS {
Worst Day _____