

# 0 – 10 SCALE OF PAIN SEVERITY

## Severity:

### **10 Unable to Move**

I am in bed 7 cannot move due to my pain. I need someone to take me to the Emergency Room to get help for my pain.

### **9 Severe**

My pain is all I can think about. I can barely talk or move because of my pain.

### **8 Intense**

My Pain is so severe that it is hard to think of anything else. Talking and listening are difficult.

### **7 Unmanageable**

I am in pain all of the time. It keeps me from doing most activities. I often miss work because of my pain.

### **6 Distressing**

I think about my pain all of the time. I give up many activities because of my pain.

### **5 Distracting**

I think about my pain most of the time. I cannot do some of the activities I need to do each day, because of my pain.

### **4 Moderate**

I am constantly aware of my pain, but I can continue most daily activities.

### **3 Uncomfortable**

My pain bothers me, but I can ignore it most of the time.

### **2 Mild**

I have a low level of pain. I am aware of my pain only when I think about it.

### **1 Minimal**

My pain is hardly noticeable.

### **0 No Pain**

I have no pain.