

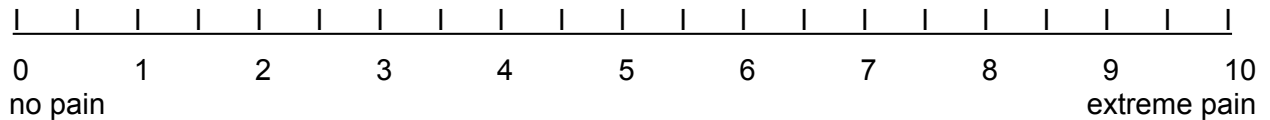
PAIN RATING SCALE

(English)

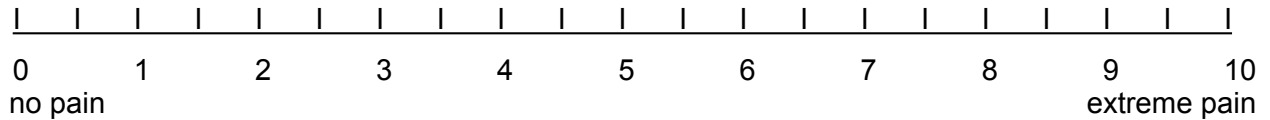
Title: Date:.....
First Name:..... Patient number:.....
Surname:..... Clinic:

Please mark the scale below to show how intense your pain is.
A zero (0) means no pain, and ten (10) means extreme pain.

How **intense** is your pain **now**?



How **intense** was your pain **on average last week**?



Now please use the same method to describe how **distressing** your pain is.

How **distressing** is your pain **now**?



How **distressing** was your pain **on average last week**?



Now please use the same method to describe **how much your pain interferes** with your normal everyday activities.



If you have had treatment for your pain, how much has this relieved (taken away) the pain?

