RATE YOUR PAIN

10 — **WORST PAIN EVER (UNBEARABLE)**

Worst Hurt Ever

(Severe Pain)

Pain stops me from doing any activities

9

(Severe Pain)

8 — **INTENSE DREADFUL PAIN**

(Severe Pain)

Pain stops me from performing most activities
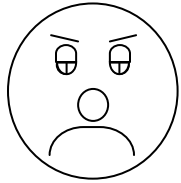
Hurts a Lot More

7

(Moderate Pain)

6 — **MISERABLE DISTRESSING PAIN**

(Moderate Pain)

Pain stops me from performing some activities
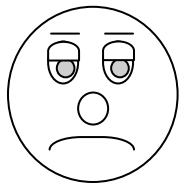
Hurts Even More

5

(Moderate Pain)

4 — **NAGGING UNCOMFORTABLE PAIN**

(Slight Pain)

I am able to perform most activities
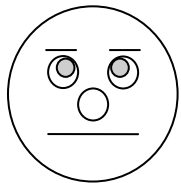
Hurts a Little More
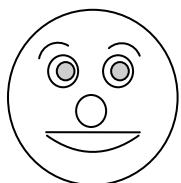
3

(Slight Pain)

2 — **MILD ANNOYING PAIN**

(Minimal Pain)

Pain does not limit my activities

Hurts a Little

1

(Minimal Pain)

0 — **NO PAIN**

No Hurt

*CIRCLE A NUMBER THAT RELATES TO YOUR PAIN