-PIONEER-
PHYSICAL THERAPY
108 N Township St. #F
Sedro-Woolley, WA 98284

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PAIN ASSESSMENT GRID

NAME: _____ DATE: _____

FIRST: Please **shade in** any areas of pain, discomfort or concern.

SECOND: Using **0-10 scale**, please **drop down to box marked PAIN LEVEL** and write appropriate numbers for BEST, WORST, and TODAY pain levels

0	1	2	3	4	5	6	7	8	9	10
No pain	Very minor pain twinges	Mild Pain	Annoying pain	Distracting pain	Pain can't be ignored for more than 30 minutes	Pain can't be ignored for any length of time	Pain makes it difficult to think or sleep	Pain hurts too much to move, nausea	Severe pain, crying or moaning uncontrollably	Pain makes you pass out