


PAIN ASSESSMENT GRID

NAME: _____ DATE: _____

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

SECOND: Using the scale below, rate each area of pain and mark the appropriate pain number next to the shaded area.



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

