

# pain scale

Use this scale to help your doctor understand the pain you are experiencing, and how it affects your life.

0	<b>No Pain</b> I am pain-free.
1	<b>Functional</b> I have pain. It does not effect my daily activities or my life.
2	
3	
4	
5	<b>Uncomfortable</b> It is hard to move. I cannot concentrate. Pain is impacting my abilities. The pain affects my daily activities and my life.
6	
7	
8	<b>Severe</b> I am not able to leave my home. I am unable to do anything — I am in bed. The pain has a significant effect on my daily activities and my life.
9	
10	<b>Unbearable</b> I feel out of control and overwhelmed. I cannot tolerate the pain sensation. I need urgent or emergency care.