My Pain Scale

Grade your pain using the scale below. A value of 1 is minimal pain. A value of 10 is the most pain you have ever experienced.

Minimal pain	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Most pain you've ever experienced**

Date	Medication	My Pain Rating (1-10)	
		BEFORE meds	AFTER meds

More Pain Scales are available in the Patient Library.

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