

Pain Scale Chart

Comprehensive 0-10 Numeric Rating Scale (NRS) reference with functional descriptions, clinical categories, and self-assessment guidance.

1. Numeric Rating Scale (NRS) 0-10

Use the functional descriptions below to rate your pain -- match your experience to the description, not just the number.

| | | |
|----|---|-----------|
| 0 | No Pain No pain sensation at all. Completely comfortable. | NORMAL |
| 1 | Minimal Barely noticeable. Easily ignored. Does not interfere with any activities. | NORMAL |
| 2 | Mild Minor pain, noticeable but not distracting. Activities continue without effort. | MILD |
| 3 | Uncomfortable Noticeable and can be distracting. Manageable with effort. Able to adapt and work. | MILD |
| 4 | Moderate Noticeable most of the time. Can be ignored with effort. Some activities affected. | MODERATE |
| 5 | Moderately Severe Cannot be ignored for more than a few minutes. Activity is limited. | MODERATE |
| 6 | Severe Pain dominates thinking. Concentration is difficult. Significantly limits function. | MODERATE |
| 7 | Very Severe Hard to function normally. Interferes with sleep and conversation. Hard to concentrate. | SEVERE |
| 8 | Intense Physical activity severely limited. Difficulty speaking or moving. Overwhelming. | SEVERE |
| 9 | Excruciating Unable to function. Crying, moaning, or unable to speak. Near worst imaginable. | SEVERE |
| 10 | Worst Possible Worst pain imaginable. Completely incapacitating. Emergency level. | EMERGENCY |

2. Quick-Reference Color Strip

Cut out or photocopy this strip. Keep it with your pain diary for fast, consistent rating.



3. Functional Impact by Category

Pain affects function differently at each level. Use this table to rate based on what you CAN and CANNOT do.

| Category | Range | Activity | Sleep | Work | Mood |
|----------|-------|-------------------------|------------------|------------------|--------------------|
| Normal | 0-1 | Fully active | No impact | Full capacity | Unaffected |
| Mild | 2-3 | Active with awareness | Falls asleep OK | Full with effort | Slight frustration |
| Moderate | 4-6 | Limited activities | Disturbed sleep | Reduced capacity | Anxious, irritable |
| Severe | 7-8 | Basic self-care only | Poor or no sleep | Unable to work | Distressed |
| Crisis | 9-10 | Cannot move or function | Cannot sleep | Incapacitated | Overwhelmed |

4. Common Rating Mistakes

| Mistake | Why It Matters | Instead, Do This |
|--------------------------------|--|---|
| Comparing to worst-ever pain | Makes current pain seem less important | Rate based on today's function, not past extremes |
| Comparing to other people | Everyone's scale is personal | Match YOUR experience to the descriptions above |
| Rating from memory hours later | Memory exaggerates peaks, forgets averages | Rate in the moment or as soon as possible |
| Always picking a round number | Misses gradual changes over time | Use odd numbers too -- 3 and 5 are different |
| Minimizing to seem tough | Under-reporting delays treatment changes | Honest rating helps your provider help you |
| Only rating bad days | Missing good days distorts averages | Track every day including low-pain days |

5. Pain Quality Descriptors

When describing pain to your doctor, the NUMBER tells them how much. These WORDS tell them what kind.

| Type | Feels Like | Common In | Example |
|------------------|-------------------------------------|-------------------------------|-------------------------------|
| Sharp / Stabbing | Knife-like, sudden, piercing | Nerve injury, acute injury | Sciatica, herniated disc |
| Dull / Aching | Deep, constant, heavy pressure | Muscle strain, arthritis | Low back pain, joint aches |
| Burning | Hot, stinging, surface-level | Nerve damage, inflammation | Neuropathy, sunburn-like pain |
| Throbbing | Pulsating, rhythmic, pounding | Vascular, infection, migraine | Headaches, dental pain |
| Cramping | Squeezing, tightening, spasm | Muscle spasm, visceral | Menstrual cramps, GI pain |
| Tingling / Numb | Pins and needles, loss of sensation | Nerve compression | Carpal tunnel, pinched nerve |
| Radiating | Spreading outward from a point | Nerve root, referred pain | Sciatica down the leg |

6. When to Seek Medical Attention

Use this guide alongside your pain rating. Some situations need prompt attention regardless of the number.

| Situation | Action | Why |
|--|-------------------------|---|
| Pain 8-10 that does not improve | Seek urgent care or ER | Uncontrolled severe pain needs medical management |
| Sudden new pain with numbness or weakness | Call 911 or go to ER | May indicate nerve damage or stroke |
| Pain after injury with swelling or deformity | Go to ER or urgent care | Possible fracture or serious tissue damage |
| Pain with fever and chills | See doctor same day | May indicate infection needing antibiotics |

| Situation | Action | Why |
|--|--------------------------------|---|
| Pain steadily increasing over days/weeks | Schedule appointment this week | Progressive pain suggests worsening condition |
| Pain unchanged despite treatment | Follow up with provider | Treatment plan may need adjustment |

7. How to Describe Pain to Your Doctor

Use this framework at appointments. Providers need specific detail to diagnose and treat effectively.

LOCATION: Where exactly does it hurt? Does it spread anywhere?

ONSET: When did it start? What were you doing?

CHARACTER: What does it feel like? (See Pain Quality Descriptors above)

RATING: Use 0-10. Give your current, average, and worst this week.

TIMING: Is it constant or intermittent? Worse at certain times?

AGGRAVATING: What makes it worse? (movement, stress, weather, position)

RELIEVING: What helps? (rest, meds, heat/ice, position changes)

SEVERITY: How does it affect daily life? (sleep, work, mood, self-care)

8. Tips for Consistent Self-Assessment

1. Rate in the moment -- not from memory. Accuracy drops significantly after just one hour.
2. Use the functional descriptions, not just the number. "6" means something specific.
3. Track good days AND bad days. Good-day data is essential for accurate averages.
4. Note what makes pain better or worse each time you rate.
5. Bring this chart to appointments so you and your doctor use the same reference.
6. It is normal for pain to fluctuate. Rate your AVERAGE for the period if tracking daily.
7. Your scale is personal. A "5" for you is valid even if someone else calls it a "3".

Why consistency matters:

Providers use your pain ratings to track treatment response over time. A 2-point change on the 0-10 scale is clinically significant. Inconsistent rating hides real changes. | paintracker.ca