

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

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