

## Numeric Rating Scale - Pain Indicator Chart

Patient's Name: \_\_\_\_\_

Reference Record #: \_\_\_\_\_

Tel: (home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Indicate your pain level here	Scale	Comments / Notes
	20	
	19	
	18	
	17	
	16	
	15	
	14	
	13	
	12	
	11	
	10	
	9	
	8	
	7	
	6	
	5	
	4	
	3	
	2	
	1	
	0	