

Monthly Pain Scale

Date/ Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
12-2 am																															
2 - 4 am																															
4 - 6 am																															
6 - 8 am																															
8 - 10 am																															
10-noon																															
12-2 pm																															
2-4 pm																															
4-6 pm																															
6-8 pm																															
8-10 pm																															
10-12 am																															

PAIN ASSESSMENT SCALE

10 — **WORST PAIN POSSIBLE**
UNBEARABLE
Unable to do any activities because of pain
Hurts Worst

9 —

8 — **INTENSE, DREADFUL**
HORRIBLE
Unable to do most activities because of pain
Hurts Whole Lot

7 —

6 — **MISERABLE**
DISTRESSING
Unable to do some activities because of pain
Hurts Even More

5 —

4 — **NAGGING PAIN**
UNCOMFORTABLE
TROUBLESOME
Can do most activities with rest periods
Hurts Little More

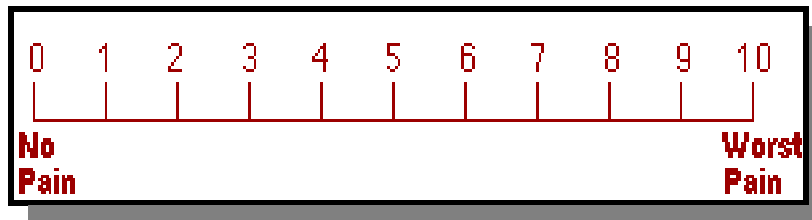
3 —

2 — **MILD PAIN**
ANNOYING
Pain is present but does not limit activity
Hurts Little Bit

1 —

0 — **NO PAIN**
No Hurt

(Wong-Baker FACES Pain Rating Scale)



Name _____

Date (MM./YY) _____