PAIN ASSESSMENT TOOL

Name ________________________________

1. Do you have any pain? YES □ NO □

1a. How much pain do you have? Circle 0 if no pain.

0 1 2 3 4 5 6 7 8 9 10
NO Pain Mild Moderate Severe Very Severe Worst Possible Pain

1b. Which face best describes how you feel?

2. Are you sad/blue/unhappy? YES □ NO □

3. What would you say your overall quality of health has been over the past month?

4. What would you say your overall quality of life has been over the past month?

IF YOU HAVE PAIN OR ARE SAD, TELL YOUR HEALTH PROVIDER. THEY CAN HELP YOU.