

# Pain Scoring Sheet

About every fifteen minutes,  
Please record your pain score by  
Circling the number, and note the time.

Time	0	1	2	3	4	5	6	7	8	9	10
No Pain											
Mild Pain											
Discomforting											
Distressing											
Horrible											
Excruciating											
Worst Time											

  

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Please Continue overleaf if necessary