



**DukeHealth**

**Pain Intensity**



Place Patient Label Here

- Duke University Hospital       Duke Raleigh Hospital
- Duke Regional Hospital       Davis Ambulatory Surgery Center
- Other \_\_\_\_\_ (Please specify)

**Please respond to each item by marking one box per row.**

**In the past 7 days...**

	<b>Had no pain</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Very severe</b>
1. How intense was your pain at its worst?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. How intense was your average pain?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<b>No pain</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Very severe</b>
3. What is your level of pain right now?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5