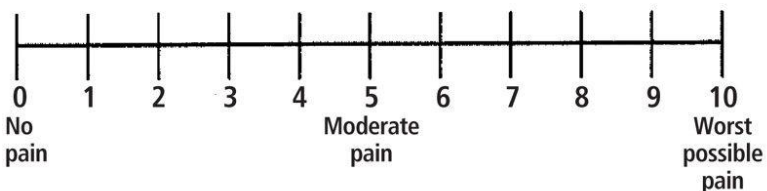


Name: _____


Date: _____







Please rate your pain for today.

Numeric Pain Rating Scale



Wong-Baker FACES Pain Rating Scale



					
0	2	4	6	8	10
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST