

BRONSTON CHIROPRACTIC

PAIN RATING SCALE

NAME: _____

Date: _____

Instructions: Please choose the number which best describes your pain in each of the questions below:

1. **What is your pain RIGHT NOW?**

0	1	2	3	4	5	6	7	8	9	10
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No Pain

Unbearable

2. **What is your TYPICAL or AVERAGE pain?**

0	1	2	3	4	5	6	7	8	9	10
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No Pain

Unbearable

3. **What is your pain AT ITS WORST?**

0	1	2	3	4	5	6	7	8	9	10
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No Pain

Unbearable

0	1	2	3	4	5	6	7	8	9	10
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