

## Your Doctor may ask you to rate your pain

Choose a face that best describes how you feel (now):

- A. Mild pain 1-3 .....on average
- B. Moderate 4-7 (interferes with work or sleep\*) .....best
- C. Severe 8-10 (interferes with all activities\*\*) .....worst

### FACES PAIN SCALE-REVISED

**CHOOSE THE FACE THAT BEST DESCRIBES HOW YOU FEEL**



**0**

**No Hurt**



**2**

**Hurts Little Bit**



**4**

**Hurts Little More**



**6**

**Hurts Even More**



**8**

**Hurts Whole Lot**



**10**

**Hurts Worst**

From Hicks CL, von Baeyer CL, Spafford P, van Korlaar I, Goodenough B.

Faces Pain Scale-Revised: Toward a Common Metric in Pediatric Pain Measurement. PAIN 2001; 93:173-183. This Figure has been reproduced with permission of the International Association for the Study of Pain\* (ISAP\*). The figure may not be reproduced for any other purpose without permission.