Verbal Numeric Scale

Patient's Name: ________________________________  Date: __________

**Instructions:** Ask the patient the following: “On a scale of 0 to 10, with 0 being 'no pain' and 10 being 'the most intense pain imaginable,' what would you rate the severity of your pain right now?”

Record the response here: __________

**Scoring:** Record the number verbalized by the patient, and either compute a mean score over time or simply track scores over repeated assessments.

**Source:**