# Numeric Pain Rating Scale (NPRS)

Name: _____ Date: _____

Rate your pain by selecting the number that best describes your pain intensity, where 0 means no pain and 10 means worst possible pain. State the time frame (for example right now, average over the last 24 hours, or worst in the last week).

**1.** How intense is your pain? (0 = no pain, 10 = worst possible pain)

| | |
|---|---|
| [ ] 0 (no pain) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (worst possible pain) | 10 |

**Scoring**

Single item. The selected number is the score.

Pain intensity: _____ /10

Source: Farrar, J. T., Young, J. P., Jr., LaMoreaux, L., Werth, J. L., & Poole, M. R. (2001). Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain, 94(2), 149-158. https://doi.org/10.1016/S0304-3959(01)00349-9

Online calculator and more: physiotutors.com/questionnaires