

MONTEREY BAY WELLNESS CENTER

MONTELLESE FAMILY CHIROPRACTIC, INC.

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PAIN SCALE

Patient Name: _____ Date: _____

Patient Directions:

On a scale of 1- 10, place and 'X' in your current pain level.

A.

Normal	Low Pain	Moderate Pain	Intense Pain	Emergency
() 0	() 1	() 4	() 7	() 10
	() 2	() 5	() 8	
	() 3	() 6	() 9	

Patient Directions:

Place and 'X' in your current pain level.

B.

- _____ The pain is almost unbearable
- _____ Very bad pain
- _____ Quite bad pain
- _____ Moderate pain
- _____ Little pain
- _____ No pain at all