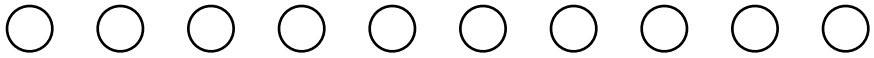
# Rate your pain today

1. Please rate your pain by selecting the number that tells how much pain you have RIGHT NOW. (0 being "No pain" and 10 being "Pain as bad as you can imagine.")




2. In the last 24 hours, how much relief have pain treatments or medications provided? Please select the response that shows how much RELIEF you have received. (0% being "No Relief" and 100% being "Complete Relief".)

3. Select the number that describes how, during the past 24 hours, pain has interfered with your general activity. (0 being "Does Not Interfere" and 10 being "Completely Interferes.")