

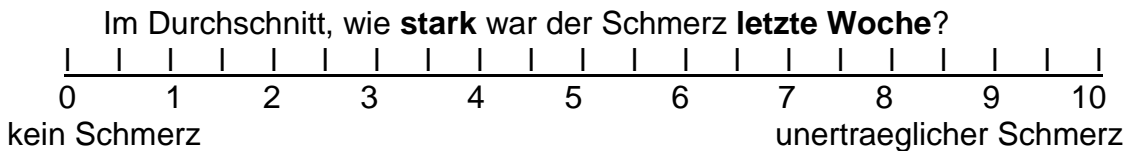
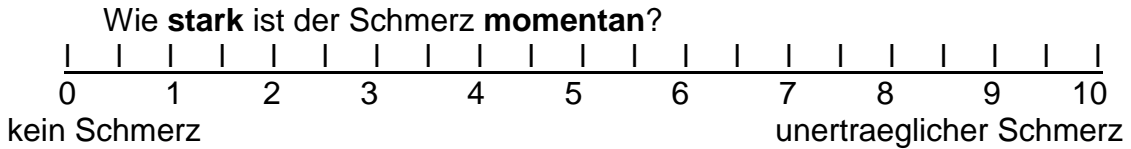
# PAIN RATING SCALE

(German)

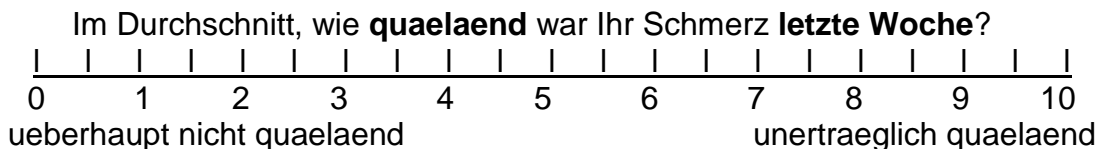
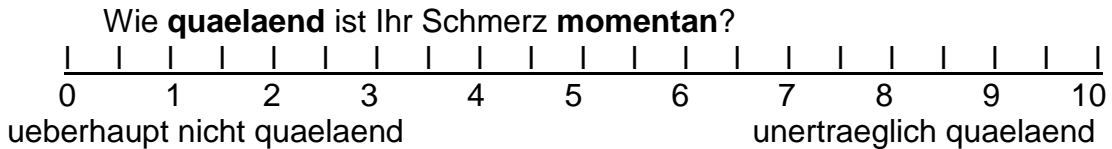
Title: ..... Date:.....  
First Name..... Patient Number: .....  
Surname..... Clinic: .....

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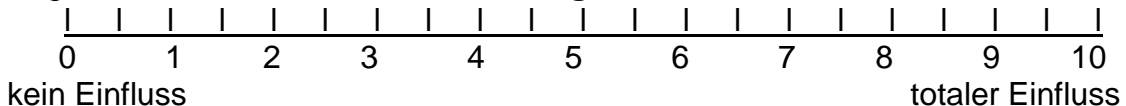
Geben Sie die Schmerzintensitaet an.  
Null (0) bedeutet kein Schmerz, zehn (10) bedeutet unertraeglicher Schmerz.



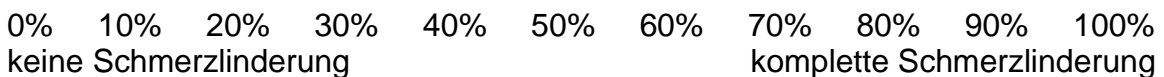
Sagen Sie uns jetzt wie **quaelaend** Ihr Schmerz ist.



Sagen Sie uns ob der Schmerz Ihre **taegliche** Aktivitaeten **beeinflusst**.



Falls Sie Schmerztherapie untergangen sind, hat es geholfen?



**The Pain Society**

An alliance of professionals advancing the understanding and management of pain for the benefit of patients

ThePainSociety2003

[www.painsociety.org](http://www.painsociety.org)

Charity no. 278685