

# How would you rate your pain today?

**0**

**NO PAIN**

## **MILD PAIN**

**1**

You may barely notice the pain

**2**

You may feel some twinges of pain

**3**

You may notice the pain but can tolerate it.

## **MODERATE PAIN**

**4**

You can ignore the pain at times

**5**

You can't ignore the pain, but can still work through some activities

**6**

Pain makes it hard to concentrate

## **SEVERE PAIN**

**7**

Pain distracts you and limits your ability to sleep

**8**

Pain is so intense, you have trouble talking

**9**

Pain is so bad you can't do any of your regular activities, including talking or sleeping

**10**

Worst pain you can imagine



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# Shortness of Breath

## Modified Borg Dyspnea Scale

<b>0</b>	<b>Nothing at all</b>
<b>0.5</b>	<b>Extremely slight (just noticeable)</b>
<b>1</b>	<b>Very slight</b>
<b>2</b>	<b>Slight</b>
<b>3</b>	<b>Moderate</b>
<b>4</b>	<b>Somewhat Severe</b>
<b>5</b>	<b>Severe</b>
<b>6</b>	
<b>7</b>	<b>Very severe</b>
<b>8</b>	
<b>9</b>	<b>Extremely severe (almost maximal)</b>
<b>10</b>	<b>Maximal</b>



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# Perceived Exertion Scale

6	<b>VERY, VERY LIGHT</b>	
7		
8		
9		<b>VERY LIGHT</b>
10		
11	<b>FAIRLY LIGHT</b>	
12	<b>SOMEWHAT HARD</b>	
13		
14		
15		<b>HARD</b>
16		
17	<b>VERY HARD</b>	
18	<b>VERY, VERY HARD</b>	
19		
20		<b>MAXIMUM EXERTION</b>



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