

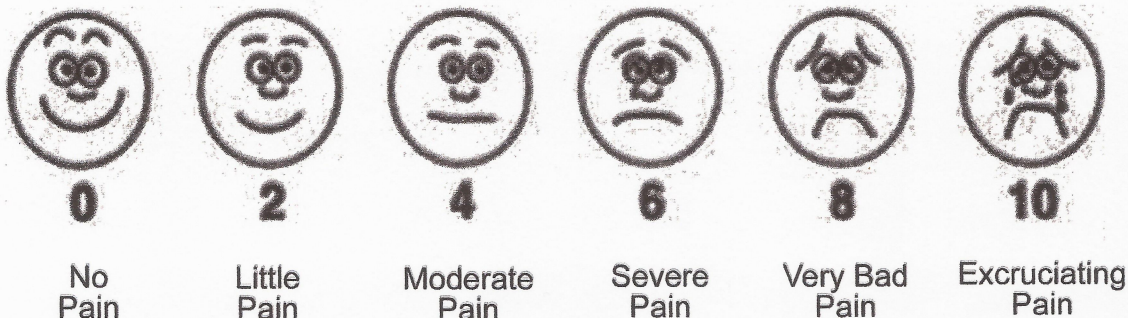
Pain Scale

Patient Name: _____

Date: ____/____/____

0 1 2 3 4 5 6 7 8 9 10
No Little Moderate Severe Very Bad Excruciating
Pain Pain Pain Pain Pain Pain

Wong Baker face scale



Characteristic state or condition: _____

Calm:___ Depressed:___ Fearful:___ Aggressive:___

Oriented in the 3 areas: Yes___ No___

Last dental treatment: _____

Dental complications: _____

Systemic diseases: Yes___ No___

Specify: _____

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