

PAIN INTENSITY MAPPING

Patient Record Confidential

Name:

Start Date:

Primary Diagnosis:

- 0**No Pain
- 2**Mild
- 4**Moderate
- 6**Distressing
- 8**Severe
- 10**Unbearable

DATE/TIME	LEVEL (0-10)	LOCATION / DISTRIBUTION	SENSATION TYPE	TRIGGERS / NOTES
------------------	-------------------------	------------------------------------	---------------------------	-----------------------------

DATE/TIME	LEVEL (0-10)	LOCATION / DISTRIBUTION	SENSATION TYPE	TRIGGERS / NOTES
-----------	-----------------	----------------------------	-------------------	---------------------

Common Nerve Descriptors: Burning Electric Shock Tingling (Pins/Needles) Sharp/Stabbing
Numbness Freezing Radiating

This chart is for personal tracking and clinical consultation only. Seek immediate medical attention for sudden loss of function or bowel/bladder control.