

PAIN MANAGEMENT TRACKER

Patient Name: _____

Month/Year: _____

REFERENCE INTENSITY SCALE

- 1-2Mild / Annoying
- 3-4Moderate / Distracting
- 5-6Distressing / Limit Activities
- 7-8Severe / Difficult to Speak
- 9-10Unbearable / Emergency

DATE/TIME	LEVEL (1-10)	LOCATION	QUALITY (SHARP, DULL)	TRIGGERS/ACTIVITY	RELIEF MEASURES & RESULTS
-----------	-----------------	----------	-----------------------------	-------------------	---------------------------------

DATE/TIME	LEVEL (1-10)	LOCATION	QUALITY (SHARP, DULL)	TRIGGERS/ACTIVITY	RELIEF MEASURES & RESULTS
------------------	-------------------------	-----------------	--------------------------------------	--------------------------	--

WEEKLY SUMMARY & TRENDS

QUESTIONS FOR HEALTHCARE PROVIDER