

CHRONIC PAIN INTENSITY LOG

Month/Year: _____

Patient Name: _____

Primary Location: _____

Treating Physician: _____

DATE	TIME	INTENSITY (0-10)	PAIN CHARACTER (SHARP, DULL, BURNING)	TRIGGER/ACTIVITY	RELIEF MEASURE/MEDICATION	SLEEP (H)
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0: No Pain **1-3:** Mild (Distracting, can perform most tasks) **4-6:** Moderate (Interferes significantly with daily activities) **7-9:** Severe (Unable to perform basic tasks) **10:** Worst Imaginable (Emergency/Unbearable)

Notes on Weekly Trends: