

# PAIN & FUNCTIONALITY LOG

Evaluation Period: \_\_\_\_\_

Patient Name: \_\_\_\_\_

ID / DOB: \_\_\_\_\_

LEVEL	INTENSITY DESCRIPTOR	FUNCTIONAL CAPACITY (ACTIVITY & SLEEP)	FREQUENCY / NOTES
1-3	<b>Mild:</b> Annoying but easily ignored.	Normal activity possible; sleep is unaffected.	
4-6	<b>Moderate:</b> Interferes with focus.	Modified activity required; difficulty falling asleep.	
7-8	<b>Severe:</b> Cannot be ignored.	Unable to perform basic chores; frequent waking.	
9-10	<b>Debilitating:</b> Extreme pain.	Bedridden; unable to speak or move; no sleep.	

## DAILY TRACKING NOTES

Describe triggers, relief methods, or specific limitations encountered today:

This document is for tracking purposes only and does not constitute medical advice.