

PAIN INTENSITY LOG

Date: _____

Name: _____

TIME	INTENSITY (0-10)	LOCATION/QUALITY	INTERVENTION/NOTES
06:00 AM			
08:00 AM			
10:00 AM			
12:00 PM			
02:00 PM			
04:00 PM			
06:00 PM			
08:00 PM			
10:00 PM			
OVERNIGHT			

0: No Pain 1-3: Mild (Distracting) 4-6: Moderate (Interferes with tasks) 7-9: Severe (Unable to focus) 10: Worst Possible