

# PAIN INTENSITY LOG

Month/Year: \_\_\_\_\_

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

DAY	INTENSITY (0-10)	PRIMARY LOCATION	TRIGGERS / MEDICATIONS	DAILY NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Scale:** 0 = No Pain 1-3 = Mild (Annoying) 4-6 = Moderate (Interferes with tasks) 7-9 = Severe (Disabling) 10 = Worst Possible