

PAIN INTENSITY TRACKER

Month/Year: _____ Patient Name: _____

DATE	MORNING (AM)		EVENING (PM)	
	<i>0-10</i>	NOTES / TRIGGERS	<i>0-10</i>	NOTES / TRIGGERS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Pain Intensity Scale:

- 0
- None
- 1
- 2

3
Mild
4
5
6
Mod.
7
8
9
Severe
10
Worst