

# CHRONIC PAIN INTENSITY LOG

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

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

**0**No Pain  
**1-3**Mild  
**4-6**Moderate  
**7-9**Severe  
**10**Worst Possible

DATE	TIME	INTENSITY (0-10)	LOCATION	TRIGGERS / RELIEF MEASURES / NOTES
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<b>DATE</b>	<b>TIME</b>	<b>INTENSITY (0-10)</b>	<b>LOCATION</b>	<b>TRIGGERS / RELIEF MEASURES / NOTES</b>
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Additional Physician Notes or Observations: