

CHRONIC PAIN INTENSITY ASSESSMENT

PATIENT NAME
DOB
MONTH / YEAR

No Hurto_{No Pain}

?₂Hurts Little Bit

?₄Hurts Little More

?₆Hurts Even More

?₈Hurts Whole Lot

?₁₀Hurts Worst

Date

Intensity (0-10)

Location

Triggers / Activities Impacted

Date

Intensity (0-10)

Location

Triggers / Activities Impacted

ADDITIONAL OBSERVATIONS (Sleep, Appetite, Mood)