

# PAIN INTENSITY HISTORY

Month/Year:

Patient:

**DATE**

**INTENSITY (1-10)**

**TRIGGERS / SYMPTOMS /  
MEDICATIONS**

**DATE**

**INTENSITY (1-10)**

**TRIGGERS / SYMPTOMS /  
MEDICATIONS**

**1-3 Mild:** Annoying but manageable; able to perform most daily activities.

**4-6 Moderate:** Interferes significantly with daily tasks and concentration.

**7-10 Severe:** Unable to function; requires rest or emergency intervention.