

# CHRONIC PAIN INTENSITY LOG

Clinical Documentation Template

Month: \_\_\_\_\_ Year: 20\_\_\_\_  
PERIOD

PATIENT NAME

DATE OF BIRTH

ID NUMBER

## Visual Analog Scale (VAS) Reference

0  
None  
1  
2  
Mild  
3  
4  
Mod.  
5  
6  
Distress  
7  
8  
Severe  
9  
10  
Worst

DATE/TIME

LEVEL  
(0-10)

LOCATION OF PAIN

QUALITY (SHARP,  
DULL, ETC)

TRIGGERS /  
AGGRAVATING  
FACTORS

RELIEF  
METHODS /  
MEDS USED

<b>DATE/TIME</b>	<b>LEVEL (0-10)</b>	<b>LOCATION OF PAIN</b>	<b>QUALITY (SHARP, DULL, ETC)</b>	<b>TRIGGERS / AGGRAVATING FACTORS</b>	<b>RELIEF METHODS / MEDS USED</b>
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This document is for clinical tracking purposes. In case of emergency or sudden change in pain quality, contact your primary healthcare provider immediately.