

# PAIN INTENSITY TRACKER

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

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

Primary Condition: \_\_\_\_\_

**Scale:** 0: None 1-3: Mild (Annoying) 4-6: Moderate (Interferes with tasks) 7-9: Severe (Disabling) 10: Emergency

DATE	TIME	INTENSITY (0-10)	LOCATION	TRIGGERS / ACTIVITIES	RELIEF USED
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**WEEKLY OBSERVATIONS & MEDICATION CHANGES:**

This log is for personal tracking. Please share this data with your healthcare provider during consultations.