POST-SURGICAL PAIN LOG

Date: _____
Patient: _____
Surgery: _____
Prescribed Meds: _____
Dosage: _____

TIME	PAIN LEVEL (0-10)	MEDICATION GIVEN	DOSE	NOTES (SIDE EFFECTS, ACTIVITY, ICE, ETC.)

Pain Intensity Scale:
0: No Pain | 1-3: Mild (Annoying) | 4-6: Moderate (Interferes with tasks) | 7-9: Severe (Unable to function) | 10: Worst Possible

Daily Observations / Recovery Milestones:

Caregiver/Patient Signature