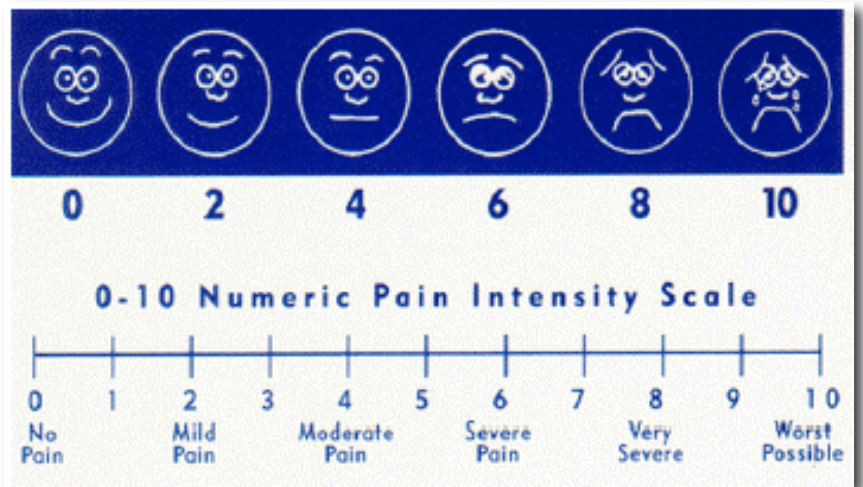


Pain Journal

*What, Where and
What Level?*



Date: _____

Overall, how was your pain today (1-10)? _____

Did you have times when your pain was worse? Yes/No

If yes, where? _____

What were you doing when the pain started or increased?

Did you take any medicine for the pain? Yes/No

If yes, what type and dose? _____

Did you feel better an hour later? Yes/No

Any other comments? _____

