

# Keeping Track of How You Feel

Current Pain Medications: \_\_\_\_\_  
 \_\_\_\_\_

Day/Time	Pain Rating (0-10)	Describe the pain (location, type, what were you doing?)	What did you do to relieve the pain? (medication, how much? Other?)	After 2 hours Pain Rating (0-10)	Comments

TEAR OFF

**Key:**

- 0 = No pain, no hurt
- 1-2 = Mild pain, hurts a little bit
- 3-4 = Moderate pain, hurts a little more
- 5-6 = Distressing pain, hurts even more
- 7-8 = Horrible pain, hurts a whole lot more
- 9-10 = Unbearable pain, hurts worst