|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Pain logUse this scale to rate the severity of your pain. | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | No Pain | | Mild Pain | | Moderate Pain | | Severe Pain | | Worst Pain Imaginable | |  |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  | **Time** | **Scale** | **Type of Pain** | **Activities causing pain** | **Symptom** | **Medicine or supplements** |  |
|  | Day 1 | Start:Stop: |  |  |  |  |  |  |
|  | Day 2 |  |  |  |  |  |  |  |
|  | Day 3 |  |  |  |  |  |  |  |
|  | Day 4 |  |  |  |  |  |  |  |
|  | Day 5 |  |  |  |  |  |  |  |
|  | Day 6 |  |  |  |  |  |  |  |
|  | Day 7 |  |  |  |  |  |  |  |