|  |  |  |
| --- | --- | --- |
|  | Pain log Use 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 |  |  |  |  |  |  |  |