

Patient's Name:

Age:

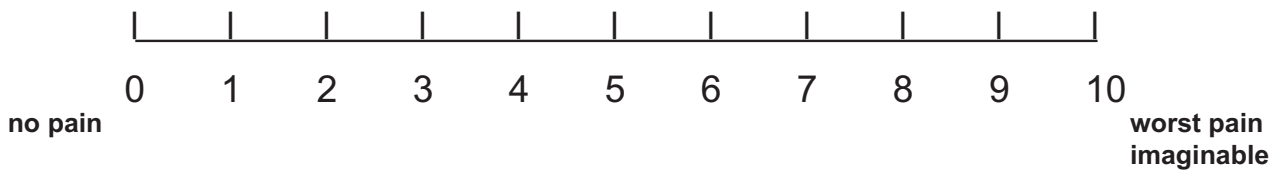
Date:

DAILY PAIN RATING

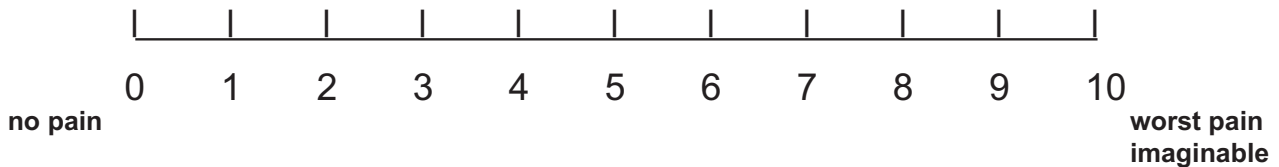
The following information is to be recorded at approximately the same time each day (preferably at bedtime).

Mark the point on the line that best indicates your pain level relative to the pain description at the end of the line.

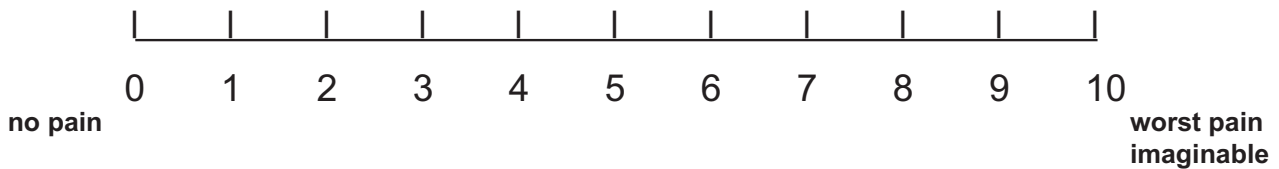
Today, rate your pain at its **worst**:



Today, rate your pain at its **least**:



Rate your average pain:



MEDICATION

Have you taken any medication today to relieve your pain? yes no

If yes, describe your medication, and indicate the amount that you have taken:

Name of medication: _____ Strength: (mg) _____

Amount taken: _____