PAIN MANAGEMENT DIARY

DATE	TIME	SYMPTOM DESCRIPTION	PAIN SCALE RATING	LOCATION OF PAIN	MEDICATION and DOSAGE NON-MEDICATION INTERVENTIONS	PAIN SCALE RATING 1 HOUR AFTER INTERVENTION	SIDE EFFECTS FROM MEDICATION

PAIN INTENSITY SCALE (from PAIN ASSESSMENT RATING SCALE SHEET)

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild	Mild	Mild	Mild	Moderate	Moderate	Moderate	Severe	Severe	Worst Pain Imaginable