NAME:

PAIN TRACKER

Date & Time	Pain Score (0 -10)	Pain Location (left knee, lower back etc)	Describe the pain (ache, sharp, shooting, throbbing etc)	Name and amount of pain medication taken	What time did you take the pain medicine?	Pain Score 1 hour after taking Medicine (0 - 10)	How long did the pain last?	Notes

NAME:

PAIN TRACKER

Date & Time	Pain Score (0 -10)	Pain Location (left knee, lower back etc)	Describe the pain (ache, sharp, shooting, throbbing etc)	Name and amount of pain medication taken	What time did you take the pain medicine?	Pain Score 1 hour after taking Medicine (0 - 10)	How long did the pain last?	Notes

NAME:

PAIN TRACKER

Date & Time	Pain Score (0 -10)	Pain Location (left knee, lower back etc)	Describe the pain (ache, sharp, shooting, throbbing etc)	Name and amount of pain medication taken	What time did you take the pain medicine?	Pain Score 1 hour after taking Medicine (0 - 10)	How long did the pain last?	Notes

NAME:

PAIN TRACKER

Date & Time	Pain Score (0 -10)	Pain Location (left knee, lower back etc)	Describe the pain (ache, sharp, shooting, throbbing etc)	Name and amount of pain medication taken	What time did you take the pain medicine?	Pain Score 1 hour after taking Medicine (0 - 10)	How long did the pain last?	Notes