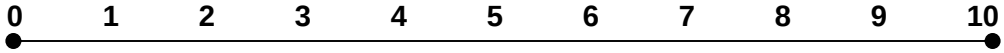
Pain Control Record

You the chart below to rate your pain and record how well the medicine is working. Rate your pain before and after you take the medicine.

Pain Intensity Scale



No Pain **Functional** *(The pain does not get in the way)* **Uncomfortable** *(It is hard to do anything)* **Severe** *(cannot function at all:in bed)* **Unbearable**

Date	Time	Pain intensity scale rating	Medicine I took	Pain relieving skill I did	Pain intensity 1 hour after taking the medicine	What I was doing when I felt the pain
1/5/03	10:15am	6	2 aspirin	10 minutes of deep breathing	3	Sitting at a table reading the paper