












Patient Daily Pain Journal

Please complete this form after your procedure and return it during your follow up appointment.

Patient Name: _____ Procedure(s): _____

COMPARATIVE PAIN SCALE CHART (Pain Assessment Tool)										
										
0 Pain Free	1 Very Mild	2 Discomforting	3 Tolerable	4 Distressing	5 Very Distressing	6 Intense	7 Very Intense	8 Utterly Horrible	9 Excruciating Unbearable	10 Unimaginable Unspeakable
No Pain	Minor Pain			Moderate Pain			Severe Pain			
Feeling perfectly normal	Nagging, annoying, but doesn't interfere with most daily living activities. Patient able to adapt to pain psychologically and with medication or devices such as cushions.			Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt pain.			Disabling; unable to perform daily living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently.			

Instructions: Using the *Comparative Pain Scale Chart* shown above, rate the level of pain you experienced during the first 5 days following your procedure. In order to be most accurate, fill in your pain level at the end of each day. Please bring this form with you to your follow up appointment.

1. On a scale of 0 to 10, please rate the severity of pain you felt pertaining to your procedure:

- 1 day following your procedure (0-10) _____
- 2 days following your procedure (0-10) _____
- 3 days following your procedure (0-10) _____
- 4 days following your procedure (0-10) _____
- 5 days following your procedure (0-10) _____

2. Would you say the pain you experienced was **more, less, or equal to** your expectations?

3. How much narcotic pain medication did you need to take during your first 5 days following the procedure (total number of narcotic pain pills)?

4. Do you have any additional comments regarding the pain experienced during your recovery?