Dr. Colleen Blanchfield

11490 Commerce Park Drive Suite 420
Reston, Virginia 20191
Ph - 703-481-9111 F - 703-707-8657

Name: _____

Pain Log

Level of Pain	10																												
	9																												
	8																												
	7																												
	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
	0																												
Time of Day		AM	12N	PM	HS	AM	12N	PM	HS	AM	12N	PM	HS	AM	12N	PM	HS	AM	12N	PM	HS	AM	12N	PM	HS	AM	12N	PM	HS
Day of the week Date :		Monday ____/____				Tuesday ____/____				Wednesday ____/____				Thursday ____/____				Friday ____/____				Saturday ____/____				Sunday ____/____			

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Description of Pain

1. _____
2. _____
3. _____
4. _____
5. _____

Pain Scale

0 No pain even when focused on
1 Pain when focused on 50% of time
2 Pain present 50% of time; doe not IWA
3 Pain present 50% of time; doe not IWA
4 PPA and IWA <50% of time; MR
5 PPA and IWA 75 of time; MR
6 PPA and IWA >90 of time; MR
7 PPA, UTF, 50% SB; MR
8 PPA, UTF, >50% SB; MR
9 PPA, UTF, 100% TSB; some ROP; MR
10 PPA, UTF, 100% TSB, no ROP; MR

Key

IWA - Interferes with Activities
PPA - Pain Present Always
MR - Medication Required
UTF - Unable to Function
TSB - Time Spent in Bed
ROP - Relief of Pain

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