San Jose Medical Center
Pain Management Service
250 Hospital Parkway, Basement Suite 114
San Jose, CA 95119
Tel: (408) 972-6283
Fax: (408) 574-2051

Pain Journal

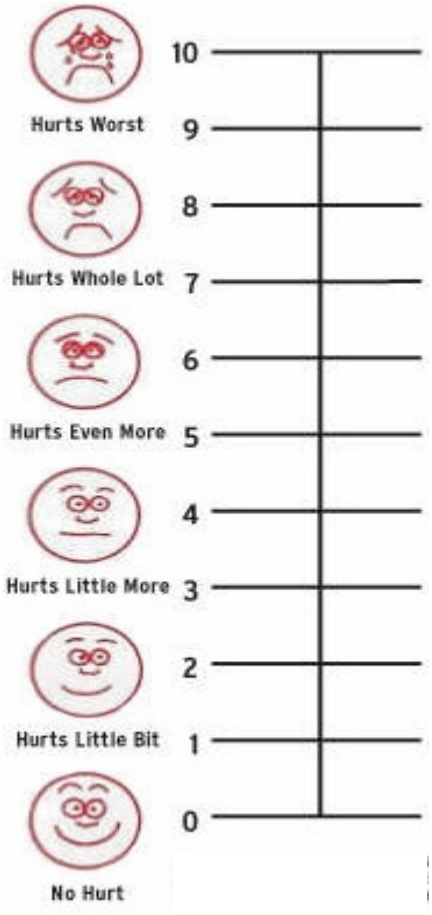
Name: _____ MRN: _____

Procedure Date: _____ Physician: _____

Procedure performed: _____

Time	Pain level (1-10 scale)	Comments
Pre-Procedure		
Post-Procedure		
1 hr		
2 hrs		
3 hrs		
6 hrs		
8 hrs		
12 hrs		
24 hrs		
3 days		
1 week		
2 weeks		
3 weeks		
4 weeks		

Pain Level Reference



WORST PAIN POSSIBLE
UNBEARABLE

Not able to do any activities because of pain

INTENSE, DREADFUL
HORRIBLE

Not able to do most activities because of pain

MISERABLE and/or DISTRESSING

Not able to do some activities because of pain

NAGGING PAIN, UNCOMFORTABLE TROUBLESOME

Can do most activities with rest periods.

PAIN is MILD and mostly ANNOYING

Pain is present and does not limit activity

NO PAIN

***Please complete this form and bring it to your next visit.**