1

|  |  |  |
| --- | --- | --- |
|  |  **Pain record log**  |  |
|  | Grinning face outline with solid fill | A concerned face | A crying face | A smiling face with tears | Loudly crying face outline with solid fill |  |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |
|  | No pain  | Mild pain  | Moderate pain  | Severe pain  | Worst pain imaginable  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Origin of pain History**  | **Time morning/ afternoon/night** | **Grade Scale** **1-10**  | **Type:*****Sharp /dull /electric/pressure*** Duration of pain: seconds, minutes hoursNature: Constant, Intermittent,Throbbing, radiating  | **Triggers**eating, biting, hot, cold, sweets, lying down |  **Symptoms**feverish, swelling, headache, jaw ache, burning sensation itchy, tingly, pus discharge  |  **Relieving factors**medicines, painkillers, cold packs, warm water |  |
|  | **Day 1** |  |  |  |  |  |  |  |
|  | **Day 2** |  |  |  |  |  |  |  |
|  | **Day 3** |  |  |  |  |  |  |  |
|  | **Day 4** |  |  |  |  |  |  |  |
|  | **Day 5** |  |  |  |  |  |  |  |
|  | **Day 6** |  |  |  |  |  |  |  |
|  | **Day 7** |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |