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|  | **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 hours  Nature: 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** |  | |  | |  | | |  | |  | | |  | |  |

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