Patient Name:

Trial Start Date:

Trial End Date:

Pain Care Specialists
www.paincareoregon.com

Date:	Time: Morning, Afternoon or Evening	Type of Pain (Circle One)	Pain Scale 1 - Small Amount 10 - Excruciating (Circle One)	Location of Pain	Limitations of Pain: (functional)	Mood (Circle One)	Medication: Less, More or Same
		Dull Sharp Burning	1 2 3 4 5 6 7 8 9 10			Depressed Frustrated Anxious Satisfied Happy	
		Dull Sharp Burning	1 2 3 4 5 6 7 8 9 10			Depressed Frustrated Anxious Satisfied Happy	
		Dull Sharp Burning	1 2 3 4 5 6 7 8 9 10			Depressed Frustrated Anxious Satisfied Happy	
		Dull Sharp Burning	1 2 3 4 5 6 7 8 9 10			Depressed Frustrated Anxious Satisfied Happy	
		Dull Sharp Burning	1 2 3 4 5 6 7 8 9 10			Depressed Frustrated Anxious Satisfied Happy	
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		Dull Sharp Burning	1 2 3 4 5 6 7 8 9 10			Depressed Frustrated Anxious Satisfied Happy	
		Dull Sharp Burning	1 2 3 4 5 6 7 8 9 10			Depressed Frustrated Anxious Satisfied Happy	