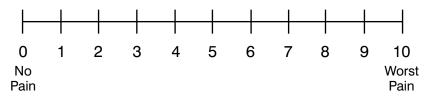
## **Pain Management Log**

Please use this pain assessment scale to fill out your pain control log.



Date	Time	How severe is the pain?	Medicine or non-drug pain control method	How severe is the pain after one hour?	Activity at time of pain