



Name \_\_\_\_\_

Started: Month \_\_\_\_\_ Year \_\_\_\_\_

### Pain Med - sheet #2

#### **DIRECTIONS**

1. List your pain medications and doseages.

2. Rate your pain level:

#### **Pain Rating Scale**

0. No pain at all

1. Slight Pain, some sensations are noticeable

2. Mildly Painful, can be ignored

3. Moderately Painful, can be tolerated without medicine

4. Painful, medication is needed to tolerate the pain in order to function well

5. Severe Pain, needs medication and medical services

3. If at "4" take med and con-

tinue to monitor pain rating on sheet#1.

4. Note what level pain drops to on sheet #1,

take meds only when pain re-

turns to "4"

5. Stop meds and get rid of

them as soon as they are

no longer needed.

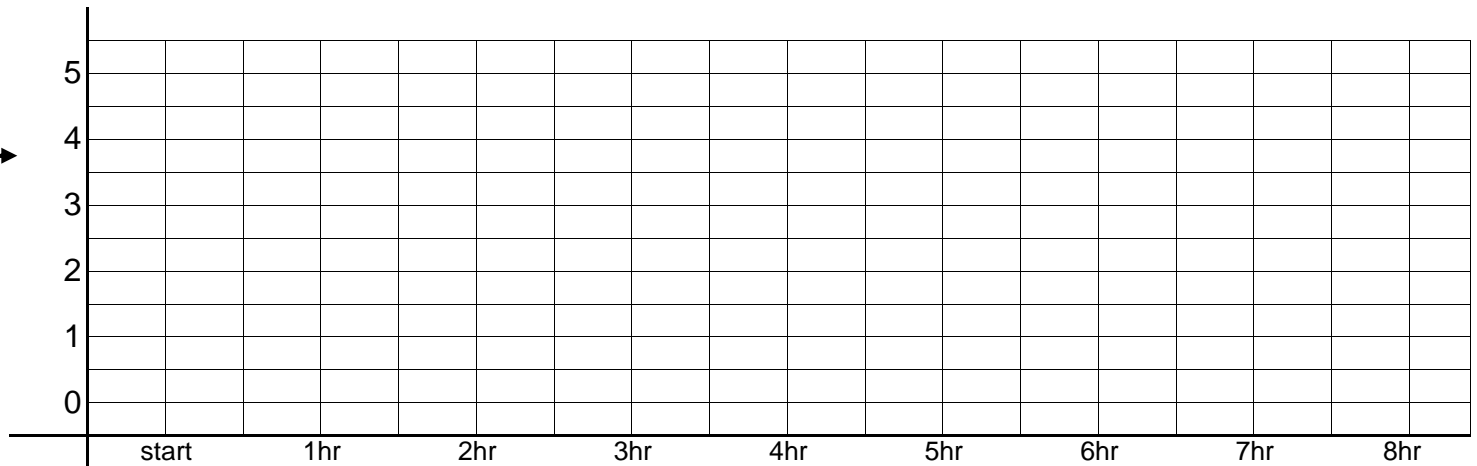
6. Optionally,

use this graph to understand the duration of pain-medicating powers of your medicine.

7. Graph what happens to your pain level after taking a dose.

8. How low does it drop?

9. How long does it stay down?



#### **Medications List**

|    |
|----|
| A. |
| B. |
| C. |
| D. |
| E. |
| F. |
| G. |
| H. |