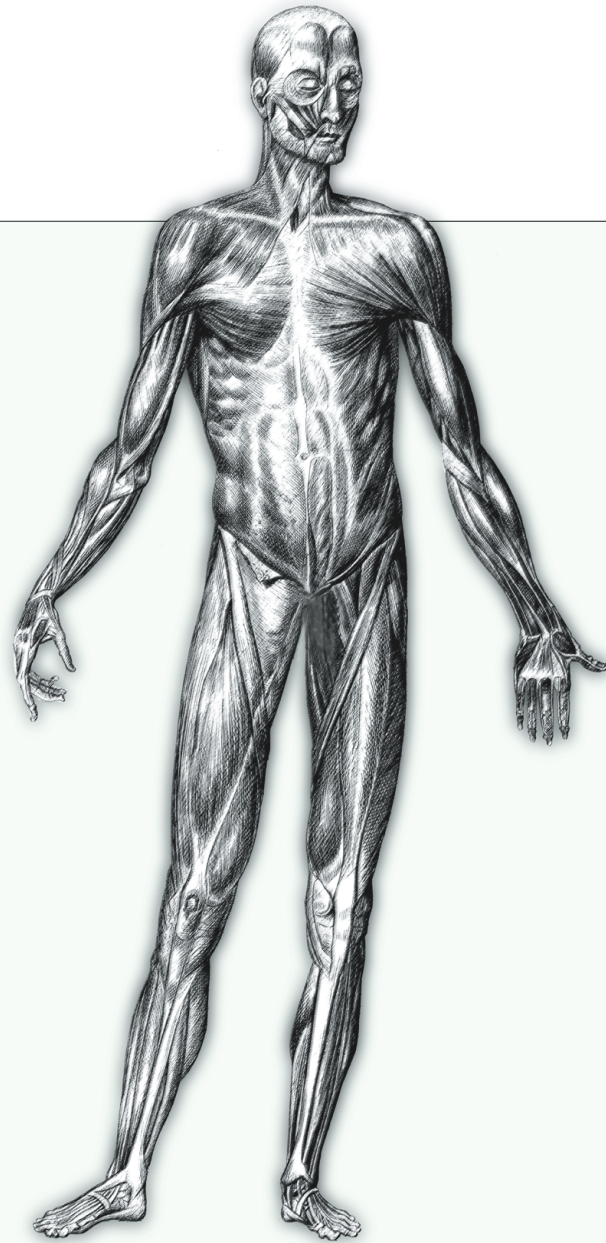


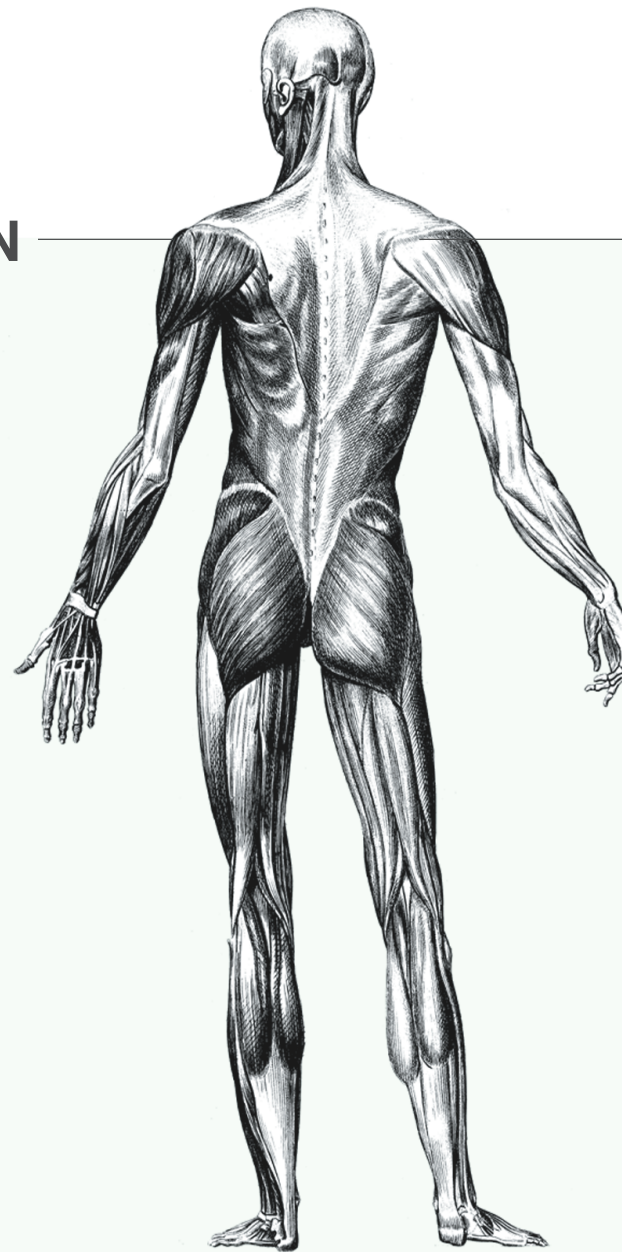
PAIN CHART

THIS BOARD BELONGS TO:

(Place Label Here)



● **LEVEL OF PAIN**



● **THIS PART**
(Of My Body)

- Itches
- Stings
- Hurts
- Cramps
- Can't Move
- Is Numb
- Aches
- Burns
- Is Tender

● **THE PAIN IS**

- Constant
- Intermittent
- Radiating
- Throbbing
- Dull/Aching
- Sharp

I WANT
Pain Medicine



MEMO: _____

- **PLAN OF CARE:** YES NO Please Explain I Need Reassurance
- Where When What Stop What Is The Plan? When Can
- How Why Who Continue How Am I Doing? I Go Home?