

PATIENT'S NAME:

DATE:

MON

TUES

WED

THU

FRI

SAT

SUN

TODAY'S GOAL:

NURSE:

DOCTOR:

PHONE:

ROOM NO.:

NOTES:

Are you in pain? How much?



0-1

Very
Happy



2-3

Hurts
A Little



4-5

Hurts
More



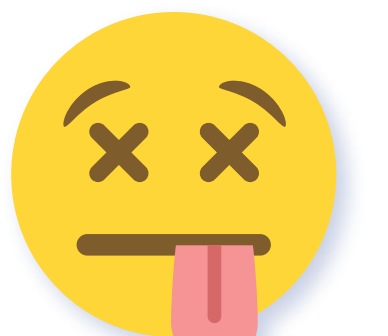
6-7

Hurts
Even
More



8-9

Hurts
A Lot



10-11

Hurts
Real
Bad