



MY PROGRESS JOURNAL

Name:

Date:

Chief Complaint:

Pain Intensity Level (10 is the greatest – circle one) 1 2 3 4 5 6 7 8 9 10

Emotional Distress Level 1 2 3 4 5 6 7 8 9 10

Sharp / Dull (circle one) _____ Hrs of Sleep

Changes/ Notes:

