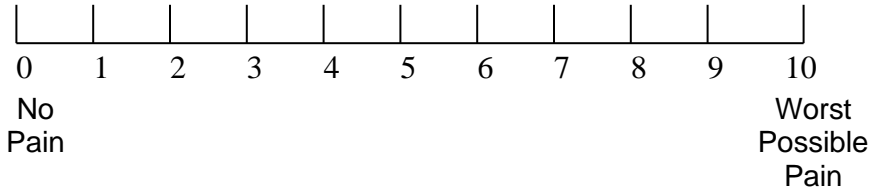


My pain rating scale:



Acceptable level of pain _____ (use the 0-10 rating scale).

Date	Time	Pain Rating (Circle)	What I Did to Relieve Pain	Side Effects (drowsy, upset stomach, headache)	Pain Rating 1 Hour Later (Circle)
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10

If pain is greater than **4**, or if you have other problems with your pain medicine, please call **732-235-2465** and select the option that best meets your needs.