Date:	Star	t	9999		Medication Taken	Strength/ Frequency	Have this eased the symptoms (Yes/NO)
Duration	<b>1</b> :						
Oay		Pain ble					
	orst Pain Possible						
ight	Today's temperature is:				-		
0 1-3 4-6 7-9	orst Pain Possible	WANT - WILLIAM - WANT -					
No		ght or mild Mo problem pro		e Severe problem			
Points	0	1	2	3			
A. Fatigue							
<ul> <li>B. Trouble thinking or remembering</li> <li>C. Waking up tired (unrefreshed)</li> </ul>					a) what has h	nelped to e	ease the pain?
A - Use the diagram below to indicate the location and intensity of your pain or discomfort.					b) What have today tasks consisted of?		
Using pen or pencil, indicate the intensity of shading or hatching indicating the greater i	f your pain or	discomfort with	the d			•	
1		1		1			
				NOTES			
(	6			1 3 %			
	سال	, /					
	ihraCunna	ut Malas	, {	)			
FRONT	Bringing toget who investigated Charles Registered Charles (Ingelet & Veyer Level	ther these is the three in the	) (	REAR			
B - Circle or tick the most relevant words belonged free to add your own.	ow to describe	your pain or disc	omfor	t.			
	UTTING	DEEP		EARING			
NAGGING NIGGLING	NGLING BLUNT	NUMB KNOCKING	S	TINGING			
	COLD	CRUSHING BITING	SCF	DULL			
	SCARY	KEEPS ME UP	SI	CKENING			