

Pain tracking form - fill out each night

Day of acupuncture

Any pain or discomfort today? Yes No

If so, where exactly on the body was it? _____

How would you rate the pain on a 1-10 scale? _____

of pain pills _____

Day after acupuncture

Any pain or discomfort today? Yes No

If so, where was it? _____

How would you rate the pain on a 1-10 scale? _____

of pain pills _____

2 days after acupuncture

Any pain or discomfort today? Yes No

If so, where was it? _____

How would you rate the pain on a 1-10 scale? _____

of pain pills _____

3 days after acupuncture

Any pain or discomfort today? Yes No

If so, where was it? _____

How would you rate the pain on a 1-10 scale? _____

of pain pills _____

4 days after acupuncture

Any pain or discomfort today? Yes No

If so, where was it? _____

How would you rate the pain on a 1-10 scale? _____

of pain pills _____

5 days after acupuncture

Any pain or discomfort today? Yes No

If so, where was it? _____

How would you rate the pain on a 1-10 scale? _____

of pain pills _____

6 days after acupuncture

Any pain or discomfort today? Yes No

If so, where was it? _____

How would you rate the pain on a 1-10 scale? _____

of pain pills _____