CHANGE PAIN®
Taking care of pain

CHANGE PAIN® SCALE DOCUMENTATION FORM

Patient name _____ Date _____

Present pain level

No pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as you can imagine
	○	○	○	○	○	○	○	○	○	○	○	

Tolerable pain level (treatment target)

No pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as you can imagine
	○	○	○	○	○	○	○	○	○	○	○	

Need for improvement

	not at all	a little	very much
Sleep	○	○	○
General activity	○	○	○
Ability to work	○	○	○
Releations with other people	○	○	○
Mood	○	○	○
Treatment side effects	○	○	○

Date of preparation: July 2020 | M-N/A-IE-07-21-0087