

Time	Where is the pain? Rate the pain (0-10), or list the word from the scale that describes your pain.	What were you doing when the pain started or increased?	Did you take medicine? What did you take? How much?	What other treatments did you use?	After an hour, what is your pain rating?	Other problems or side effects? Comments.

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Production of this brochure has been supported by an unrestricted grant from McNeil Consumer & Specialty Pharmaceuticals, a Division of McNeil-PPC, Inc.

Source: AGS Panel on Persistent Pain in Older Persons. The Management of Persistent Pain in Older Persons. American Geriatrics Society. J Am Geriatr Soc 2002; 50: June supplement.