

# Pelvic Pain Scale

Name:

Date:

**Pain Scale Graph:** Please mark total score for each day. *Mark '0' if pain was absent*

15																																							
12																																							
9																																							
6																																							
3																																							
0																																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								

Day of the month

**Pain Score Table:** Please use the following instructions to fill in the table below

<b>PAIN</b>	<b>DURATION</b>	<b>MEDICATION USE</b>	<b>DAILY ROUTINE</b>
<b>0</b> - Absent	<b>0</b> - Absent	<b>0</b> - Improved without medication	<b>0</b> - No interference
<b>1</b> - Mild	<b>1</b> -Upton 15 min.	<b>1</b> - Disappeared with common meds	<b>2</b> - Limited some activities
<b>2</b> - Moderate	<b>2</b> - 15min. to 3hrs	<b>2</b> - Disappeared with strong meds	<b>4</b> - Limited all activities
<b>3</b> - Severe	<b>3</b> - 3 to 6 hours	<b>3</b> - Some Improvement after meds	
	<b>4</b> - >6 hours	<b>4</b> - Did not improve with medication	

Pain																																														
Duration																																														
Medication Use																																														
Daily Routine																																														
TOTAL																																														

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Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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