Pelvic Pain Scale   Name: Date:

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

PAIN	DURATION	MEDICATION USE	DAILY ROUTINE	BLOATING
0 - Absent **1** - Mild **2** - Moderate **3** - Severe	**0**- Absent **1** -Upton 15 min. **2** - 15min. to 3hrs **3** - 3 to 6 hours **4** - >6 hours	**0** - No meds used **1** - Disappeared with common meds **2** - Disappeared with strong meds **3** - Some Improvement after meds **4** - Did not improve with medication	**0** - No interference **2** - Limited some activities **4** - Limited all activities	**0** - Absent **1** - Mild **2** - Moderate **3** - Severe

Pain/Irritation/Main Symptom

Date																																								
Pain																																								
Duration																																								
Medication Use																																								
Daily Routine																																								
TOTAL																																								
Day of the cycle	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	32	33	34	35	36	37	38	39	40

Bowels

Number of Bowel Motions per day																																								
Bloating																																								
Day of the cycle	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	32	33	34	35	36	37	38	39	40