

CHOC CHILDREN'S UROLOGY CENTER

Date	Time Pain Began	Time Pain Ended	How bad does it hurt? (Scale of 1-10)*	What were you doing when the pain started?	Did you have to stop doing what you were doing when the pain started?	What did you try to do to help stop the pain?	Did what you tried make the pain better, worse or did it stay the same?

Completed by: _____

Wong-Baker FACES Pain Rating Scale



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