

Name: **DATA SHEET for Individualized Pain Monitoring for Effective Pain Control** MO/DA/YEAR:

Date:	12 Mid	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	9 am	10 am	11am
Pain # **												
Time med given												
SIB* Activity/ Percentage of hour												
Date:	12 Noon	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
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Pain # **												
Time med given												
SIB* Activity/ Percentage of hour												

- Self Injurious Behavior(SIB) Activity: 1: no SIB 2: tapping, no force 3. tapping with force 4: hitting with force intermittently 5: hitting with force continuously 6: hitting with constant, severe force
- ** Pain # from Pain Scale