C-SECTION DAILY PAIN CHECK-IN

HOW AM I FEELING TODAY?

- Pain Level (0–10): _____
- Tenderness or pulling: None / Mild / Moderate / Strong
- Energy Level: Low / Moderate / High
- Rested Enough?: Yes / No
- Medications taken on time?: Yes / No

MOVEMENT & COMFORT:

- Walked today? Yes / No / Short / Long
- Used pillow/support or comfort tools? Yes / No
- Took rest breaks? Yes / No

EMOTIONAL CHECK:

- Mood: Calm / Anxious / Irritated / Sad / Happy
- Did I ask for help if I needed it? Yes / No

NOTES / WINS: