

PAIN DIARY

You are the only one who knows how much pain you are feeling. The diary will help your health care provider to understand your pain better. This is your diary. Write when you can, and for as many days as you can.

- Do not worry about how much to write--just write the words that describe how you are feeling.
- Write the time every time you write in the diary.
- If writing is too painful, ask a family member or friend to do it for you or record the diary on a tape recorder.
- Bring it with you to your next appointment.

Week Ending: ____/____/____

Fill in the boxes using the numerical scale of 0=No pain to 10=Worst pain imaginable

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning – Overall Pain Level							
Afternoon – Overall Pain Level							
Evening – Overall Pain Level							

Fill in these charts to help you keep track of your pain.

Physical Symptoms	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Where does it hurt? (List every place that hurts.)							
Does the pain move? (Yes/No. If yes, please describe)							
Does the pain feel different in different places? (Yes/No. If yes, please describe)							
How does the pain feel? (Please describe, e.g., burning, stabbing, sharp, aching, throbbing, tingling, dull, pounding, or pressure.)							
Does anything make the pain <i>better</i>? Does anything make the pain <i>worse</i>??							
Do you do anything to help make the pain go away, other than taking medicine? (e.g., get a massage, exercise, meditate, pray etc.)							

Physical Symptoms	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Did the pain wake you up at night? (Yes/No. If yes, how often?)							
Do you skip meals because of the pain? (Yes/No. If yes, how often?)							

Cognitive/Emotional Symptoms	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Does the pain affect my ability to think?							
Does the pain make me anxious?							
How depressed/frustrated am I?							

Possible Exacerbating Conditions	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Does the weather affect my pain?							
Does the humidity affect my pain?							
Have I done too much today?							

What medicines did you take? List all medicine that was prescribed by all of your healthcare providers and all of the medicines you bought for yourself at the store.
