



PAIN TRACKING DIARY

Keeping track of your pain this way may help you and your doctor learn more about your pain. Be sure to take your diary with you when you visit your doctor.

This diary will help you record:

- *the type of pain you're feeling*
- *how bad the pain is*
- *where you're feeling pain, and*
- *how long it lasts*

How to use this diary:

1. Print the diary (the diary covers 7 days, so print a new diary every week)
2. Fill in the date
3. Fill in your answers to these questions:

How bad was your pain today? (Use the pain scale below to help describe your pain. Circle the number that describes how bad your pain was.)

What did your pain feel like?

(You may find the pain descriptions below helpful in describing your pain.)

Where did you feel pain?

How long did your pain last?

Did you take any medication for your pain? If so, what medication?

Did the medication work for your pain?

4. Keep all of your diary pages together and **take** them with you every time you visit your doctor.

Pain Scale

On a scale of 1 to 10 (1 = no pain, 10 = most pain), my pain is:

1 2 3 4 5 6 7 8 9 10

Pain Descriptions:

These terms may help you to describe what your pain feels like:

- *Pins and needles*
- *Stabbing/shooting*
- *Burning*
- *Joint (knee, elbow, other)*
- *Aching/throbbing*
- *Numb*
- *Sharp*

Sunday

Date _____

How bad was your pain today? *1 2 3 4 5 6 7 8 9 10*

What did your pain feel like? _____

Where did you feel pain? _____

How long did your pain last? _____

Did you take medication today? _____ What did you take? _____

Did your medication help your pain?

Yes

No Explain: _____

Monday

Date _____

How bad was your pain today? *1 2 3 4 5 6 7 8 9 10*

What did your pain feel like? _____

Where did you feel pain? _____

How long did your pain last? _____

Did you take medication today? _____ What did you take? _____

Did your medication help your pain?

Yes

No Explain: _____

Tuesday

Date _____

How bad was your pain today? **1 2 3 4 5 6 7 8 9 10**

What did your pain feel like? _____

Where did you feel pain? _____

How long did your pain last? _____

Did you take medication today? _____ What did you take? _____

Did your medication help your pain?

Yes

No Explain: _____

Wednesday

Date _____

How bad was your pain today? **1 2 3 4 5 6 7 8 9 10**

What did your pain feel like? _____

Where did you feel pain? _____

How long did your pain last? _____

Did you take medication today? _____ What did you take? _____

Did your medication help your pain?

Yes

No Explain: _____

Thursday

Date _____

How bad was your pain today? **1 2 3 4 5 6 7 8 9 10**

What did your pain feel like? _____

Where did you feel pain? _____

How long did your pain last? _____

Did you take medication today? _____ What did you take? _____

Did your medication help your pain?

Yes

No Explain: _____

Friday

Date _____

How bad was your pain today? **1 2 3 4 5 6 7 8 9 10**

What did your pain feel like? _____

Where did you feel pain? _____

How long did your pain last? _____

Did you take medication today? _____ What did you take? _____

Did your medication help your pain?

Yes

No Explain: _____

Saturday

Date _____

How bad was your pain today? **1 2 3 4 5 6 7 8 9 10**

What did your pain feel like? _____

Where did you feel pain? _____

How long did your pain last? _____

Did you take medication today? _____ What did you take? _____

Did your medication help your pain?

Yes

No Explain: _____