

# Pain diary

Name \_\_\_\_\_

Week from \_\_\_\_\_ to \_\_\_\_\_

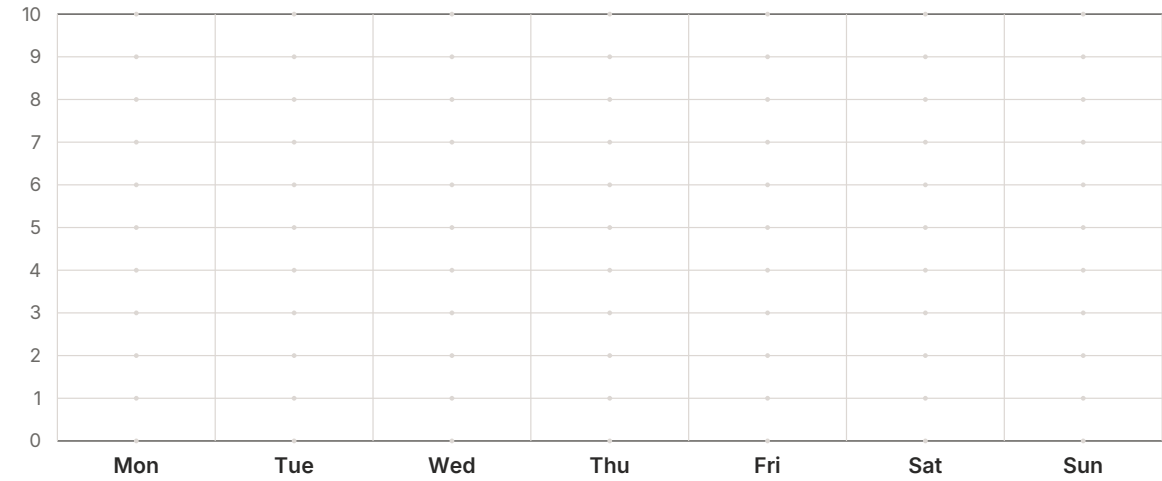
How to: one row per entry, filled in close to the time. Always use the same scale. Blank boxes are fine.  
Severity: 0 no pain · 1–3 mild · 4–6 moderate · 7–9 severe · 10 worst pain imaginable

| Day        | Time  | Severity | Where?    | What does it feel like?    | What was I doing?   | Medication       | What helped?             | Notes                         |
|------------|-------|----------|-----------|----------------------------|---------------------|------------------|--------------------------|-------------------------------|
|            | hh:mm | 0–10     | body area | stabbing, dull, aching ... | situation, activity | name, dose, time | heat, rest, movement ... | mood, sleep, anything unusual |
| Mon<br>— — |       |          |           |                            |                     |                  |                          |                               |
|            |       |          |           |                            |                     |                  |                          |                               |
| Tue<br>— — |       |          |           |                            |                     |                  |                          |                               |
|            |       |          |           |                            |                     |                  |                          |                               |
| Wed<br>— — |       |          |           |                            |                     |                  |                          |                               |
|            |       |          |           |                            |                     |                  |                          |                               |
| Thu<br>— — |       |          |           |                            |                     |                  |                          |                               |
|            |       |          |           |                            |                     |                  |                          |                               |
| Fri<br>— — |       |          |           |                            |                     |                  |                          |                               |
|            |       |          |           |                            |                     |                  |                          |                               |
| Sat<br>— — |       |          |           |                            |                     |                  |                          |                               |
|            |       |          |           |                            |                     |                  |                          |                               |
| Sun<br>— — |       |          |           |                            |                     |                  |                          |                               |
|            |       |          |           |                            |                     |                  |                          |                               |

# Pain diary

## Your week at a glance

Mark the worst score for each day and join the dots.



## What helped?

## What made it worse?

Name

Week from  to

## Weekly review

Days with pain (out of 7)

Worst score this week

Days I took painkillers

Days I had to cancel something

## Questions for my next appointment