

Nerve pain diary

Name _____

Week from _____ to _____

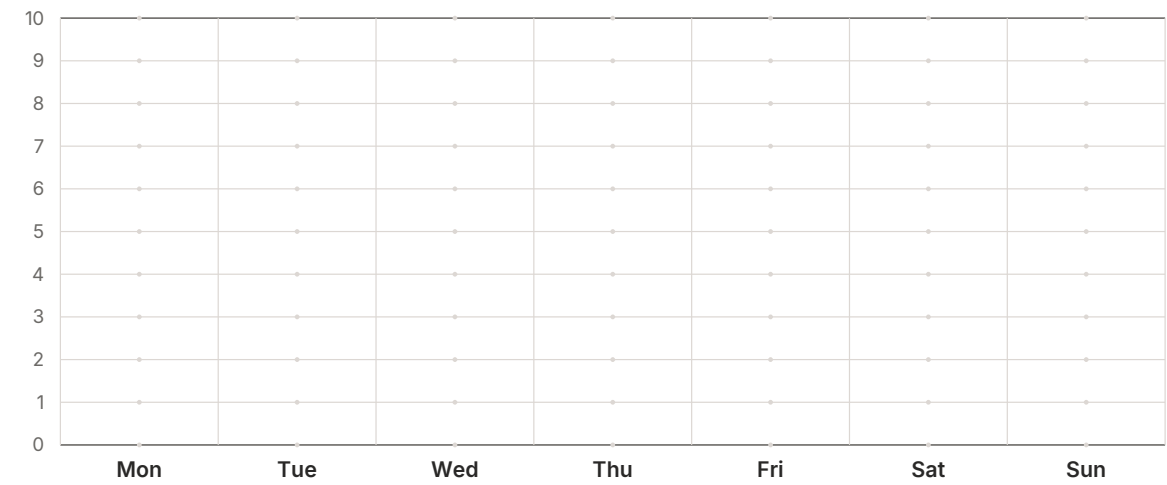
How to: one row per entry, filled in close to the time. Always use the same scale. Blank boxes are fine.
Severity: 0 no pain · 1–3 mild · 4–6 moderate · 7–9 severe · 10 worst pain imaginable

Day	Time	Severity	Where?	Sensation	Touch	Possible triggers	Woken at night?	Medication	Notes
	hh:mm	0–10	body area	burning, tingling, electric, numb	sensitive? clothes, bedding	sleep, stress, food ...	yes / no, how often	name, dose, time	mood, sleep, anything unusual
Mon — —									
Tue — —									
Wed — —									
Thu — —									
Fri — —									
Sat — —									
Sun — —									

Nerve 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