

Name _____

Week from _____ to _____

Osteoarthritis pain diary

How to: one row per entry, filled in close to the time. Always use the same scale. Blank boxes are fine.

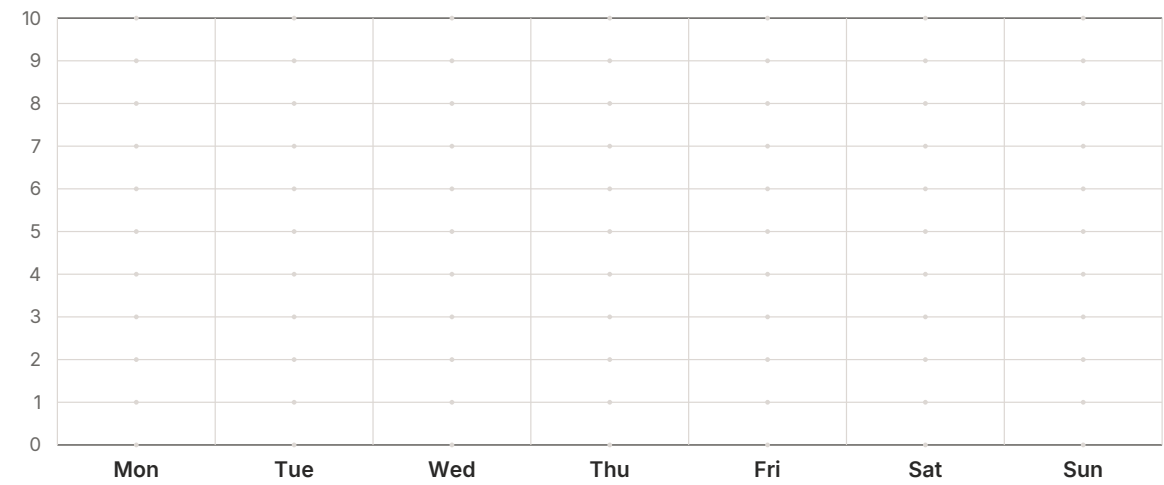
Severity: 0 no pain · 1–3 mild · 4–6 moderate · 7–9 severe · 10 worst pain imaginable

Day	Time	Joint	Severity	Stiffness	Swelling	Load	Weather	Medication	What helped?
	hh:mm	knee, hip, hand ...	0–10	minutes in the morning	yes / no	stairs, walking, gardening ...	cold, damp, warm	name, dose, time	heat, rest, movement ...
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Osteoarthritis 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