# PAIN DIARY

Use the *Pain Diary* to track your pain and how you managed it over a 7 day period. The reference guide on the back can be used to help you complete the *Pain Diary*. Please bring the completed diary to your next appointment.



		Refer to reference guide on back!				Start date:		
	(\) Time	Where is the pain located?	Rate and	e your pain   describe	What medication or supplements did you take and how much?	Other therapies you tried? (e.g. heat, ice, relaxation, brace, etc.)	Did your pain improve?	Overall comments (e.g. how the pain affected your day - sleep, mood, movements, fatigue, etc.)
DAY 1			10				Yes / No	
DAY 2			10				Yes / No	
DAY 3			10				Yes / No	
			10				Yes / No	
DAY 5			10				Yes / No	
DAY 6			10				Yes / No	
DAY 7			10				Yes / No	

## PAIN DIARY

Next appointment: \_\_\_\_\_



#### **LOCATE THE PAIN:** Use the below to help locate where the pain is and record on the *Pain Diary*. **FRONT BACK** Head Head Shoulder Left/Right Neck Left Upper Right Upper Back Back Upper Arm Chest Left/Right Right Mid Left Mid Elbow Back Back Hips Left/Right Lower Arm Wrist Left Lower Right Lower Left/Right Left/Right Back Back Thigh Hand Left/Right Left/Right Knee Left/Right Lower Leg Right Calf Left Calf -Left/Right Foot Left/Right Ankle Left/Right

## **RATE YOUR PAIN:**

Use the pain scale to best rate the severity of your pain. The below scale identifies 0 = no pain and 10 = the worst pain that you have ever felt. Record your results on the *Pain Diary*.



### **DESCRIBE THE PAIN:**

The following terms can be used to help you best describe your pain on the diary.

- ☐ Aching
- ☐ Unbearable
- Sharp
- □ Pounding
- PricklingSplitting
- ☐ Beating
- ☐ Burning
- ☐ Cold
- ☐ Burning
- ☐ Crampy
- ☐ Stabbing
- ☐ Dull
- ☐ Deep☐ Intense
- ☐ Itchy☐ Tight

☐ Sore

- ☐ Tingling
- ☐ Throbbing
- ☐ Tiring
- ☐ Tender