

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.



Start date: _____

Refer to reference guide on back!

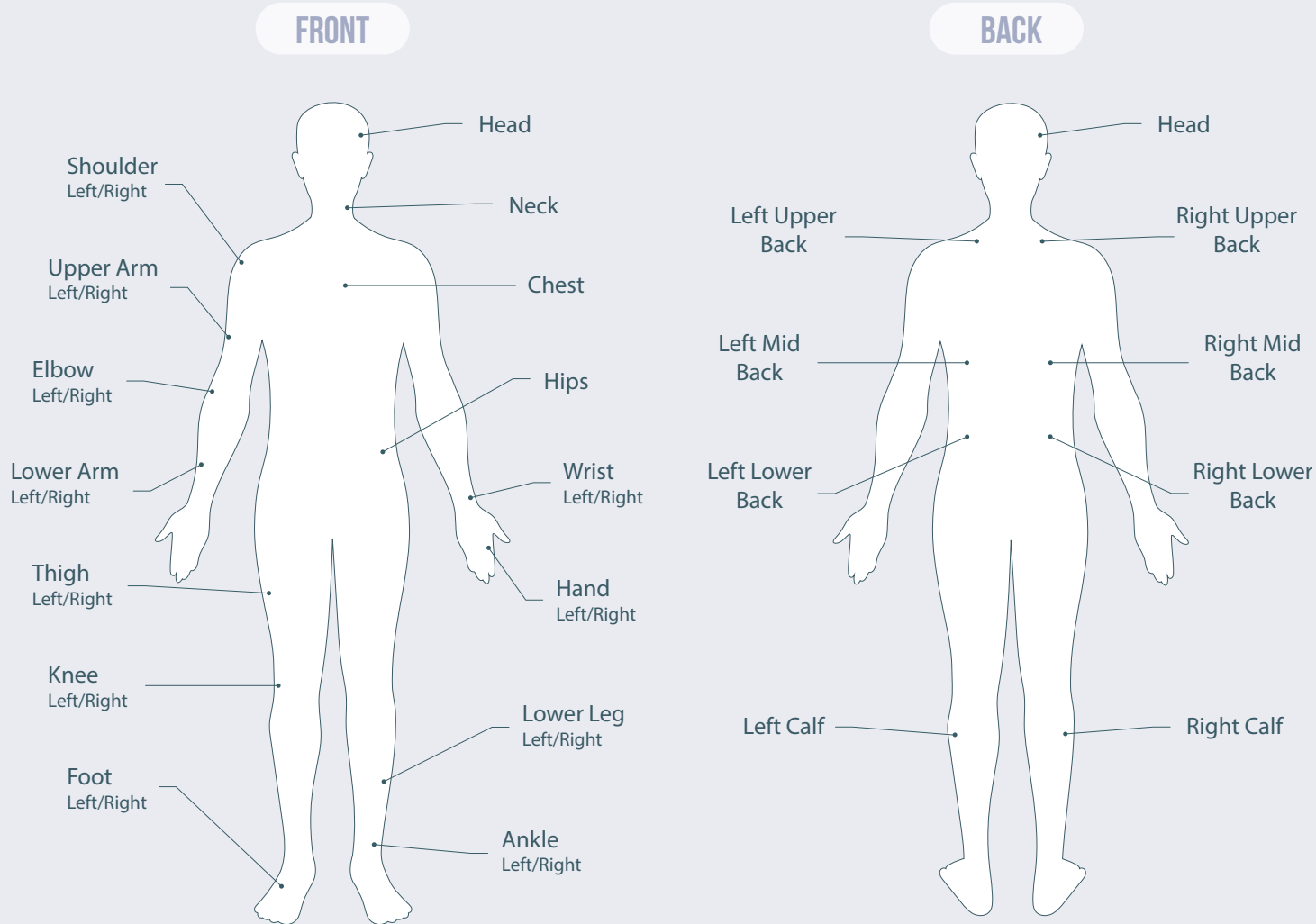
	Time	Where is the pain located?	Rate your pain and describe	What medication or supplements did you take and how much?	Other therapies you tried? (e.g. heat, ice, relaxation, brace, etc.)	Did your pain improve?	Overall comments (e.g. how the pain affected your day - sleep, mood, movements, fatigue, etc.)
DAY 1			/10			Yes / No	
DAY 2			/10			Yes / No	
DAY 3			/10			Yes / No	
DAY 4			/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*.



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
- Sharp
- Prickling
- Splitting
- Burning
- Stabbing
- Deep
- Intense
- Sore
- Throbbing
- Tender
- Unbearable
- Pounding
- Beating
- Cold
- Crampy
- Dull
- Itchy
- Tight
- Tingling
- Tiring