Daily Pain Diary

Use this diary to record details about your pain, including how you treated it and how effective the treatment was. This will help you keep track of what works and what doesn't. Show this to your doctor at your next appointment so your doctor can better understand your pain level and what you're doing about it.

Use this scale to rate the severity of your pain.

|) No pain | 1 | 2 | Mild 3 | 4 | 5 Moderate | 6 7 | Severe | 8 | 9 10 Worst possible |
|--------------|------|---------------------------|---------------------------------------|---|---|---|---------------------------------------|--------------------|---|
| Week of: | Time | Where was the pain? | Rate from 0 to 10, and describe | What were you doing when the pain started or increased? | Medicine or supplements: What did you take and how much? | Other therapies you tried (heat, relaxation, meditation, etc.) | One hour later, rate pain again | Any other effects? | Overall, how was your pain today? |
| Sunday | | 2 | | | S) | St. | | 16 | |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Saturday | | | | | | | | 8 | |

Reference: Adapted from the AGS Foundation for Health in Aging

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