

Daily Pain Diary

Instructions:

The information you supply in this diary will benefit you and your doctor in assessing your needs and tracking your progress during treatment.

1. For each time listed on the chart, mark the line at the spot that fits your pain.
2. Rank your pain from **None** (0) to **Worst Pain** (10)
3. Record any pain medicine taken, across from the time you took it.

Circle the best answer:

Compared to my last pain diary on (dd/mm/yyyy) _____, my pain is:

Much better	Little better	Same	Little worse	Much worse
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How satisfied are you with your **current** pain treatment?

Very Satisfied	Somewhat satisfied	Somewhat unsatisfied	Very unsatisfied
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Daily Pain Diary

Name: _____

Date: _____

Time	0	1	2	3	4	5	6	7	8	9	10	Medicine	
	No Pain		Mild		Moderate			Severe		Worst pain			
<i>Example</i>								✕					2 Tylenol
8 a.m.													
10 a.m.													
12 p.m.													
2 p.m.													
4 p.m.													
6 p.m.													
8 p.m.													
10 p.m.													
12 a.m.													
2 a.m.													
4 a.m.													
6 a.m.													
8 a.m.													
Today													