

WEEKLY PAIN DIARY



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Duration of Your Pain	Start: _____ Stop: _____ Intermittent: _____	Start: _____ Stop: _____ Intermittent: _____	Start: _____ Stop: _____ Intermittent: _____	Start: _____ Stop: _____ Intermittent: _____	Start: _____ Stop: _____ Intermittent: _____	Start: _____ Stop: _____ Intermittent: _____	Start: _____ Stop: _____ Intermittent: _____
Location of Your Pain (e.g., back, hip, knee)	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Description of Your Pain (e.g., stabbing, dull, throbbing, burning, etc.)*	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Possible Triggers (e.g., missed medication, sleep problems, etc.)	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Intensity of Your Pain (0 to 10)	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
What You Did to Relieve Your Pain...and How It Worked (e.g., yoga, massage, ice pack, pain reliever, etc.)	Exercise: _____ _____ _____	Exercise: _____ _____ _____	Exercise: _____ _____ _____	Exercise: _____ _____ _____	Exercise: _____ _____ _____	Exercise: _____ _____ _____	Exercise: _____ _____ _____
	Complementary Therapy: _____ _____ _____	Complementary Therapy: _____ _____ _____	Complementary Therapy: _____ _____ _____	Complementary Therapy: _____ _____ _____	Complementary Therapy: _____ _____ _____	Complementary Therapy: _____ _____ _____	Complementary Therapy: _____ _____ _____
	Self-Care: _____ _____ _____	Self-Care: _____ _____ _____	Self-Care: _____ _____ _____	Self-Care: _____ _____ _____	Self-Care: _____ _____ _____	Self-Care: _____ _____ _____	Self-Care: _____ _____ _____
	Medication: _____ _____ _____	Medication: _____ _____ _____	Medication: _____ _____ _____	Medication: _____ _____ _____	Medication: _____ _____ _____	Medication: _____ _____ _____	Medication: _____ _____ _____

*Examples of words to describe your pain: Sharp...pounding...pulsing...searing...heavy...radiating...tingling...piercing...squeezeing...excrutiating...mild...quivering...crushing...pulling.