



Pain Diary

This Pain Diary is designed to help your patients track their pain on a daily basis. With a personal record, they can better help you understand their experience with pain over time.

You can customize the form on the next page and add your practice name and address information in the area at the top of the page. Some forms include additional fields you can complete.

INSTRUCTIONS FOR CUSTOMIZING THE PDF

Click in the first form field you want to fill in and start typing. After entering text, do any of the following:

- Press Tab or Shift+Tab to accept the form field change and go to the next or previous field
- Press Esc to reject the form field change and deselect the current form field. If you are viewing the form in full-screen mode, pressing Esc a second time causes you to exit full-screen mode

After you fill in the form fields, do any of the following:

- Click the "Submit Form" button, if one exists. Clicking this button sends the form data to a database across the Web or over your company intranet
- Choose File > Save As, and rename the file to save the form with the data you entered. Save it to your computer
- Print the form

Welcome to Your Personal Pain Diary

Your diary will help you keep track of your pain day to day. When your healthcare professional asks you about your pain, you may not always remember how the pain was on certain days. Your diary will help your healthcare professional understand your pain and decide whether your dose of medication needs to be changed in order for you to achieve the most pain relief possible.¹⁻³

How to Use Your Pain Diary

The questions that begin each page are there to help guide you. The pain scale will help you rate your pain from 0 to 10. To get the most from this diary, be sure to record all the details of your pain.

Use it every day, even when you feel little or no pain. Continue to write down your experiences in the weeks that follow—and be sure to bring this diary with you whenever you visit your healthcare professional.

Helpful Tips and Valuable Resources

In this diary, you will also find tips on talking about pain with your healthcare professional, and other helpful resources for the management of chronic pain.

Words to describe pain⁴

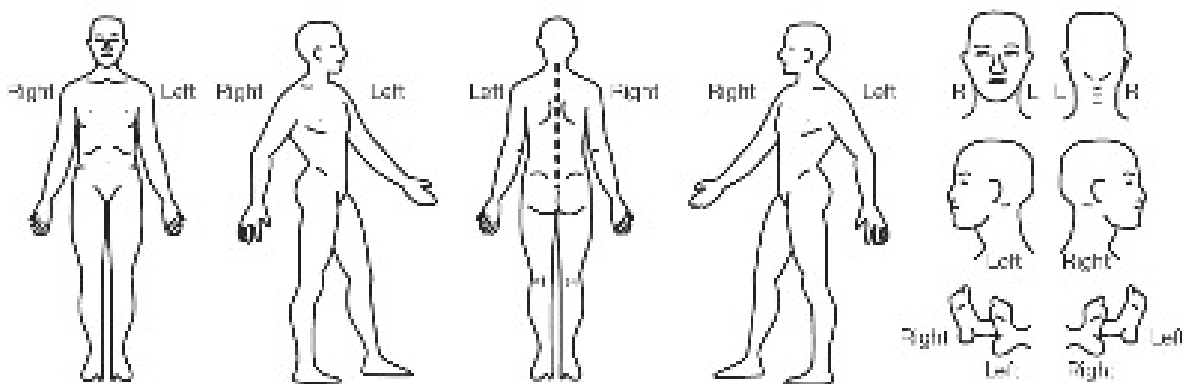
- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Shooting |
| <input type="checkbox"/> Stabbing | <input type="checkbox"/> Bruised | <input type="checkbox"/> Shock-like |
| <input type="checkbox"/> Continuous | <input type="checkbox"/> Burning | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Tingling | <input type="checkbox"/> Abnormal skin sensitivity | <input type="checkbox"/> Crushing |
| <input type="checkbox"/> Numbing | <input type="checkbox"/> Pressing | <input type="checkbox"/> Cramping |

Intensity (0 to 10)²

If 0 is no pain and 10 is the worst possible pain, what is your pain now? In the last 24 hours?

Location

Where is the pain?



Duration

- Is the pain always there? yes no
- Does the pain come and go (breakthrough pain)? yes no
- Do you have both types of pain? yes no

Aggravating and alleviating factors

What makes your pain better?

What makes your pain worse?

How does pain affect⁵

Sleep

Energy

Relationships

Appetite

Activity

Mood

Are you experiencing symptoms from current pain medications?⁶

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Urinary retention | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Sleepiness/confusion | <input type="checkbox"/> Weakness |

Please describe:

Sample Patient Diary

How can you best describe your pain day by day?

The following questions are here to help guide you.

What time did you take your pain medicine today?

What activities did you do today?

Did your pain stop you from any activities today? yes no

If so, please describe.

Did you have any breakthrough pain today? yes no

If so, did your breakthrough medication ease the pain? yes no

What was your average pain rating for today?

DAY OF WEEK	0	1	2	3	4	5	6	7	8	9	10
	No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

Here is an example of an entry for 1 typical day, based on answering these questions.

WED	0	1	2	3	4	5	6	7	8	9	10
	No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

WEDNESDAY: Took my pain medication at 8 AM. I was able to clean out the garage and sweep up the driveway without much pain. Later, when I was moving boxes I was in a lot of pain. So I took my breakthrough medicine and pretty soon I felt better. Overall, my pain today was a "6."

Using this as an example, take a moment every day to jot down your own experiences on the following blank diary pages. Each page represents 1 week, with space for 7 daily entries. A pain scale has been included for your convenience to track your daily progress.

Patient Diary–Week 1

How can you best describe your pain day by day?

SUNDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

MONDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

TUESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

WEDNESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

THURSDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

FRIDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

SATURDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

Patient Diary—Week 2

How can you best describe your pain day by day?

SUNDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

MONDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

TUESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

WEDNESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

THURSDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

FRIDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

SATURDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

Patient Diary—Week 3

How can you best describe your pain day by day?

SUNDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

MONDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

TUESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

WEDNESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

THURSDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

FRIDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

SATURDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

Patient Diary—Week 4

How can you best describe your pain day by day?

SUNDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

MONDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

TUESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

WEDNESDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

THURSDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

FRIDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

SATURDAY

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain			Severe Pain			Most Pain Possible

Notes

References

1. National Cancer Institute. Pain (PDQ®). Patient version. National Cancer Institute Web site. <http://www.cancer.gov/cancertopics/pdq/supportivecare/pain/patient/allpages/print>. Accessed September 1, 2007.
2. American Geriatrics Society Panel on Chronic Pain in Older Persons. The management of chronic pain in older persons. *J Am Geriatr Soc*. 1998;46(5):635-651.
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4. National Pharmaceutical Council and Joint Commission on Accreditation of Healthcare Organizations. *Pain: Current Understanding of Assessment, Management, and Treatments*. Reston, VA: National Pharmaceutical Council; 2001.
5. American Geriatrics Society Panel on Persistent Pain in Older Persons. The management of persistent pain in older persons. *J Am Geriatr Soc*. 2002;50(6)(suppl):S205-S224.
6. Kirsh KL. Disease management tools for chronic pain. *Manag Care*. 2007;16(2)(suppl 3):10-15.