

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.

Rank your pain from None (0) to Worst Pain (10)

2. Record any pain medicine taken, across from the time you took it.

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			
Example							✗					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												

Circle the best answer:

Compared to my last pain diary on _____, my pain is:

Much better Little better Same Little worse Much worse

How satisfied are you with your current pain treatment?

Very satisfied Somewhat satisfied Somewhat unsatisfied Very unsatisfied