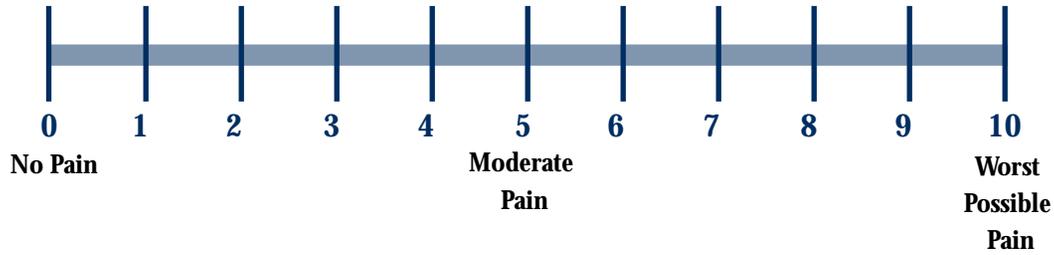


# Daily Pain Diary

**Date**  
\_\_\_\_\_



**Pain as bad as it could be**  
**Extreme Pain**  
**Severe Pain**  
**Moderate Pain**  
**Mild Pain**  
**Slight Pain**

Use this diary to record your pain and what you did to treat it. This will help your health care provider to understand your pain better. Fill in the information and bring the journal with you to your next appointment. If your pain is not relieved by your treatment, call your health care provider.

<b>Time</b>	<b>Where is the pain? Rate the pain (0-10), or list the word from the scale that describes your pain.</b>	<b>What were you doing when the pain started or increased?</b>	<b>Did you take medicine? What did you take? How much?</b>	<b>What other treatments did you use?</b>	<b>After an hour, what is your pain rating?</b>	<b>Other problems or side effects? Comments.</b>

Time	Where is the pain? Rate the pain (0-10), or list the word from the scale that describes your pain.	What were you doing when the pain started or increased?	Did you take medicine? What did you take? How much?	What other treatments did you use?	After an hour, what is your pain rating?	Other problems or side effects? Comments.

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