

PAIN DIARY

Keeping a record of your pain will help you discuss it with your doctors and nurses.
If you have pain in more than one place, you may wish to use an additional copy of this diary.

date / /

Time	Where is the pain?	What is the pain like?	Level of pain (where 0=none and 10=severe)?	Medicines/pain control used?	What makes the pain better?	What makes the pain worse?
1am						
2am						
3am						
4am						
5am						
6am						
7am						
8am						
9am						
10am						
11am						
12pm (noon)						
1pm						
2pm						
3pm						
4pm						
5pm						
6pm						
7pm						
8pm						
9pm						
10pm						
11pm						
12am (midnight)						