

PAIN DIARY

**WE ARE
MACMILLAN.
CANCER SUPPORT**

How to use your pain diary

You may want to pull out this pain diary and photocopy it, so you can use it more than once. Remember to photocopy the back page as well.

- 1.** Begin by noting down the date when you use a new diary. You can fill in the diary as often as you need to. If your pain isn't well controlled, you may want to fill it in every 1–2 hours, but if it's better controlled, you can fill it in every 4–6 hours.
- 2.** Note where the pain is on your body – you can use the body pictures on the back page of the diary. It could be in one area or in multiple areas.
- 3.** Describe what the pain feels like. See the back page of the diary for words you can use to describe your pain.
- 4.** Rate the level of pain on a scale of 0 to 10, where 0 means no pain and 10 means severe pain (see the back page of the diary).
- 5.** Note down which medicines or pain control methods you used, and anything that made the pain better or worse.

All of this information will help you and your healthcare team find the best pain control methods for you.

PAIN DIARY

Keeping a record of your pain will help you discuss it with your doctors and nurses. Photocopy this diary before you fill it in so that you can use it as often as you need to. If you have pain in more than one place, you may wish to use an extra copy of this diary.

date / /

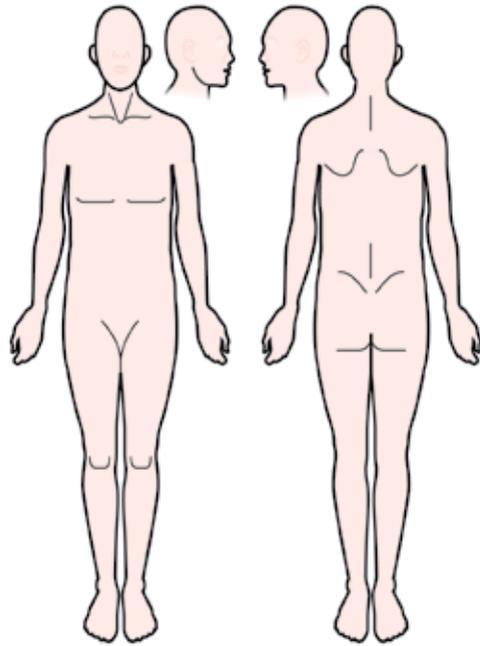
Time	Where is the pain?	What is the pain like?	Level of pain (where 0=none and 10=severe)?	Medicines/pain control used?	What makes the pain better?	What makes the pain worse?
1am						
2am						
3am						
4am						
5am						
6am						
7am						
8am						
9am						
10am						
11am						
12pm (noon)		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

Where is the pain?

Is it in one part of your body or in more than one place?

You can use the diagrams on the right to mark where your pain is.

If you have more than one area of pain, you may want to label them (for example, A, B, C).



front

back

What is the pain like?

Use any of the following words that best describe your pain:

- aching
- biting
- blunt
- burning
- cold
- comes and goes
- constant
- crushing
- cutting
- dragging
- dull
- excruciating
- frightful
- gnawing
- hot
- intense
- nagging
- nauseating
- niggling
- numb
- penetrating
- piercing
- pins and needles
- pricking
- radiating
- scratchy
- sharp
- shooting
- smarting
- sore
- spreading
- stabbing
- stinging
- tender
- throbbing
- tingling
- tiring
- unbearable.

Numbered pain scale



How bad is your pain? If you measured it on a scale of 0 to 10, how would you rate it (where 0 is no pain and 10 is the worst pain you've ever had)?