

Records for Keeping Track of Your Care

A pain diary is an indispensable tool for making sure your pain is being adequately assessed and for helping your medical team optimize your treatment. This article contains many good suggestions that can help you start that diary.

Cancer Doesn't Have to Hurt

Keeping records of your pain control plan makes it easier for others to tell if the plan is working. Records can also help prevent confusion about medicine schedules. Choose the records that make sense for your care. Not all records will be right for everyone. If none of these records help, consider keeping a journal, or diary, or notes about pain and pain relief. Doctors and nurses use this information to determine changes in the plan to bring relief.

Make copies of these records, and use them to keep track of pain and pain relief. Bring them to your visits to the doctor or nurse. Ask them to write new medications and therapies on the record.

The *List of Medicines and Side Effects* form simply lists all of the medicines in the pain control plan. You can also include other medicines that you are taking. Some people like to make another list each day showing the exact times to take the medicines. Cross out the time on the list after taking the medicine. This list can help you keep track when many medicines are prescribed.

The *Pain and Pain Relief Record* is a way to keep track of pain and pain relief and to report side effects from medicines. There is also room to write about any other methods you tried to relieve the pain. This form helps to show the doctor or nurse if the plan is relieving pain and tells them about unmanaged side effects.

Describing Pain is an assessment form that can help you tell others about the pain. It takes a little time to complete, but this assessment can help the doctor or nurse to better understand your pain.

List of Medicines for Pain and Side Effects

Name of medicine	Dose or amount	What it is for	What it looks like	When to take it	Side effects to report

Instructions:

1. List each medicine and the amount to be taken each time.
2. Write down what it is for (such as pain, constipation, or nausea).
3. Describe what it looks like (such as purple pill or clear liquid).
4. Write the exact time of day you plan to take it (such as 8 AM & 8 PM for twice a day; or 8 AM, 12 noon, 4 PM, 8 PM, 12 midnight, and 4 AM for every four hours).
5. List any side effects you should report (such as no bowel movements or a queasy stomach).

Pain and Pain Relief Record

Date	Time	Pain rating	Medicine used & amount	Other things I tried	Relief rating	Side effects or other problem	Comments

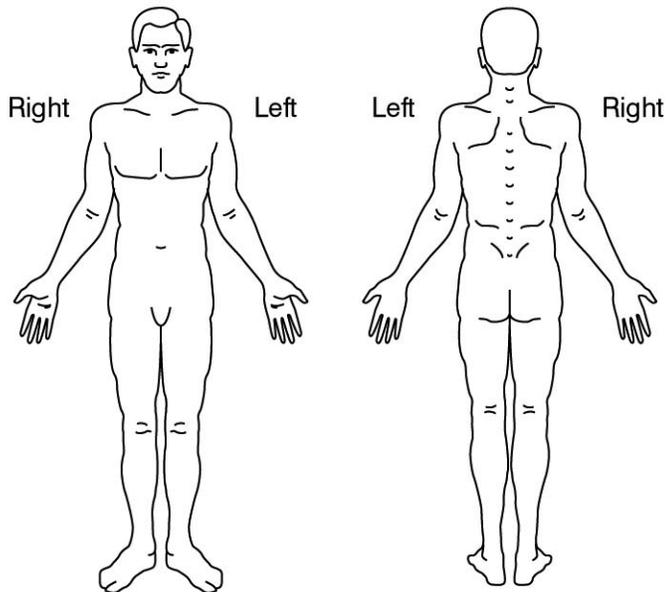
Adapted from Agency for Health Care Policy and Research. Managing Cancer Pain: Patient Guide. Rockville, MD: U.S. Department of Health and Human Services, March 1994.

Instructions:

1. *Pain rating:* Choose a rating scale.
2. *Relief rating:* Rate the amount of relief one hour after taking pain medicine using the same scale.
3. *Other things I tried:* List anything you tried to make the pain better (such as heat, cold, relaxation, or staying still).
4. *Side effects or other problems:* List any problems, and keep track of your bowel movements.
5. *Comments:* Write anything else you wish to share (such as the location of the pain or what you were doing when it occurred).

Assessment Form for Describing Pain

1. What does the pain feel like?
2. When did it start?
3. Is it always there, or does it come and go?
4. How bad is it?
5. Where does it hurt? (Mark the body drawing to show where it hurts.)



6. Does the pain move from one place to another? Where does it travel?
7. Is there more than one kind of pain? Describe each separately.
8. When do you have pain? (All the time? Only at night? Other times?)
9. How long does the pain last?
10. Is this pain new?

11. What does the pain prevent you from doing?
12. Does the pain interrupt your sleep? Do you wake up in the night or in the morning with pain?
13. Does the pain change your mood?
14. Does the pain affect your appetite?
15. What do you think is causing this pain?
16. What makes it ease off or get better?
17. What makes it worse?
18. What have you already tried to help the pain? What did you do and how did it work?
19. What medicines are you taking now for the pain?
20. How well do the medicines work to take away the pain?
21. Describe any side effects you are having from the pain.
22. Do you have other problems that make the pain harder to take?
23. Do you have concerns about the medicines you are taking? If so, what are they?
24. Do you have other concerns about the pain plan?
25. How much relief would let you get around better?
26. What is your goal for relief?

