

Daily Pain Record

Date _____

Use a scale of 0 - 10, where 0 is No Pain and 10 is Worst Pain Ever

When your pain was worst today, how bad was it? _____

At what time was that and for how long? _____

When your pain was at its least today, how bad was it? _____

At what time was that and for how long? _____

On average, how bad was today's pain? _____

What part of your body hurt? _____

Where was the worst pain? _____

Did you take your usual meds at usual times? _____

If not, what changed? _____

If you took extra pain meds, when/how much? _____

Did it help? _____

How active were you today, 0 (none, lying down) - 10 (very) _____

Did you exercise? Y N If Yes, what and how much? _____

Last night how many hours did you sleep? _____ How well did you sleep? _____

What made your pain worse? _____

What helped? _____

List any unusual events today _____

Other notes _____
