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 __________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________