

Pain Diary

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

A pain diary may help you and your doctor find the cause of your pain and what makes the pain better or worse. The following is an example of a pain diary and the things you may want to keep track of.

Question	Daily observation
Describe the pain: <ul style="list-style-type: none">• Where is the pain located?• Is it throbbing, sharp, tingling, shooting, or burning?• Is it constant, or does it come and go?	
How severe is the pain today? Rate your pain from 0 to 10, with 0 being no pain and 10 being the worst pain.	
Does the pain change at different times of the day? When?	
Does the pain get worse before or after meals?	
Does the pain get better or worse with activity? What kind of activity?	
Does the pain keep you from falling asleep at night, or does the pain wake you up?	
Did anything make the pain better today?	
Did anything make the pain worse today?	