

Pain Journal

Name: _____

Instructions:

1. **Record Daily:** Every day, at various times or whenever you experience pain, fill out each column in the journal. This includes marking the date, time, pain intensity, location, description, duration, any triggers or alleviating factors, impact on your daily activities, medications taken and their effects, mood, sleep, food and drink consumed, and any other symptoms.
2. **Rate Consistently:** Use consistent scales for ratings, like a 0-10 scale for pain intensity and a 1-10 scale for mood. Always use the same scale so it's easy to understand trends over time.
3. **Be Detailed and Honest:** Be as descriptive as possible in your entries. The more accurate and detailed the information, the better it can help you and your healthcare provider understand and manage your pain. Be honest about your experiences, even if the symptoms or their negative impacts.

Date	Time	Pain Intensity (0-10)	Location of Pain	Description of Pain	Duration of Pain	Triggers/Alleviating Factors	Impact on Daily Activities	Medications and Their Effects	Mood (1-10)	Hours of Sleep	Food and Drink	Other Symptoms

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