Pain Journal

Pain Journal

Name: _____ **Date:** _____ dd / mm / yyyy

Instructions: 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. 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. 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: _____ dd / mm / yyyy **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