

My Pain Diary

Year:

Month:

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time of pain:																															
Morning																															
Afternoon																															
All day																															
Activities causing pain:																															
Walking																															
Going down the stairs																															
Bending																															
other																															
Site of pain:																															
Fingers																															
Knees																															
Feet																															
Hips																															
other																															
Level of pain:																															
Rate on a scale of 1 to 10, with 1=mild, 5=moderate, 10=severe																															
Medicine taken to treat the pain:																															
1. Name of medicine																															
2. Taken am																															
Taken pm																															
3. No relief																															
Some relief																															
Lot of relief																															
4. Took ?? hours to work																															