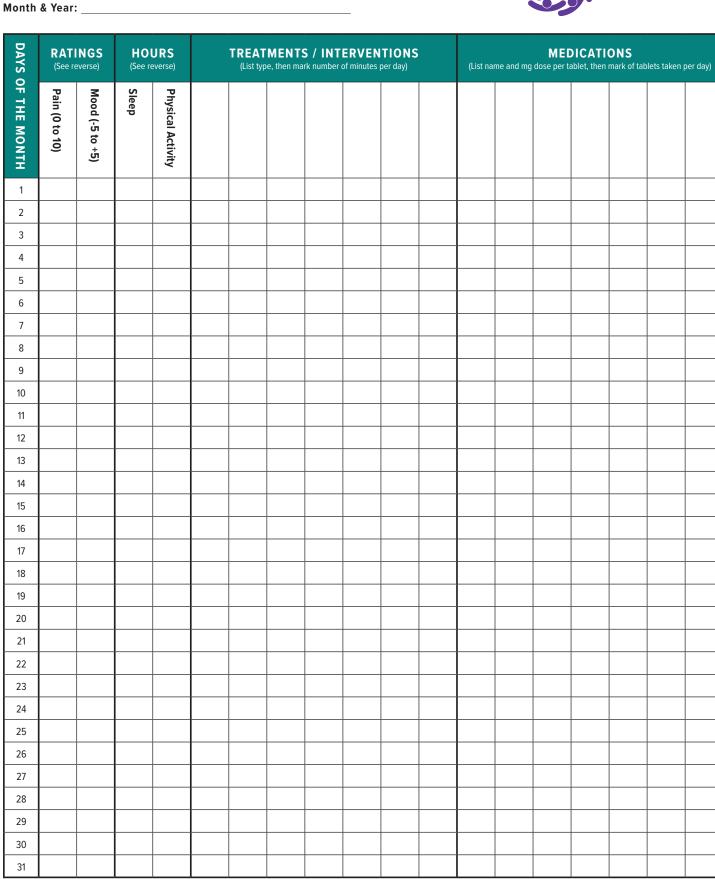
PAIN JOURNAL

Name: ____







DAY O	LIFE EVENTS For each day, briefly note what occurred during the day that affected your mood. You do not have to go into any detail, just jot down a few words. If you only did your usual routine and nothing significant happened that day, then it is okay to leave the line blank. Examples of what to write: What I did (<i>went to the beach, shopped all day, job interview,</i> etc.); What happened (<i>death of a pet, spouse nagged me, saw an accident,</i> etc.); or,	RATINGS / HOURS INSTRUCTIONS:		
DAY OF THE MONTH		Pain Intensity Mark the average level / day.		
MON		No Pain		0
Ħ	I tried something new (saw a new physician, started school, etc.).			1
1			Mild	2
2		Discomforting		3
3				4
 4				5
		Distressing		6
5				7
6		Horrible		8
7				9
8		Excruciating 10		
9		Mood Mark average mood based on events (rather than on pain).		
10				
11			Extreme	+5
12		Happ		+4
13		by -P	Moderate	+3
14		Happy –Peaceful Sad – Anxious – A		+2
15			Low	+1
16			Neutral	0
17			Low	-1
18				-2
19			Moderate	-3
20				-4
21		Angry	Extreme	-5
22		Slee	<u> </u>	
23		Mark hours of sleep night		
24		before plus naps taken that day.		
25		Phys	ical Activity	
26		Mark hours of movement. Do not mark hours awake and passively resting.		
27				
28				
29		PLEASE keep an accurate pain journal and present it to your care-givers at your appointments.		
30				
31				