

PAIN JOURNAL



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Name: _____

Month & Year: _____

DAYS OF THE MONTH	RATINGS (See reverse)		HOURS (See reverse)		TREATMENTS / INTERVENTIONS (List type, then mark number of minutes per day)						MEDICATIONS (List name and mg dose per tablet, then mark of tablets taken per day)					
	Pain (0 to 10)	Mood (-5 to +5)	Sleep	Physical Activity												
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DAY OF THE MONTH	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, etc.</i>); What happened (<i>death of a pet, spouse nagged me, saw an accident, etc.</i>); or, I tried something new (<i>saw a new physician, started school, etc.</i>).	RATINGS / HOURS INSTRUCTIONS:	
		No Pain	0
			1
		Mild	2
			3
		Discomforting	4
			5
		Distressing	6
			7
		Horrible	8
			9
		Excruciating	10
		Mood Mark average mood based on events (rather than on pain).	
		Happy – Peaceful	Extreme +5
			+4
			Moderate +3
			+2
			Low +1
		Neutral 0	
		Sad – Anxious – Angry	Low -1
			-2
			Moderate -3
			-4
			Extreme -5
		Sleep Mark hours of sleep night before plus naps taken that day.	
		Physical Activity Mark hours of movement. Do not mark hours awake and passively resting.	
		PLEASE keep an accurate pain journal and present it to your care-givers at your appointments.	
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