



## PAIN DIARY EXAMPLE

Date	Time of Day	Pain rating	Did you take medicine?	Pain rating 1 hour after medicine	Did you try any pain strategies?	Describe your pain
Sunday, June 12	Morning	6	<input checked="" type="radio"/> Yes / <input type="radio"/> No  Extra strength Tylenol  2 tablets	6	<input checked="" type="radio"/> Yes / <input type="radio"/> No  <i>I tried some relaxation exercises but the phone kept ringing. At one point I picked up the phone and it was my sister. We ended up talking for an hour and a half. That really took my mind off my pain..</i>	Throbbing headache and tightness in neck.
	Afternoon	4	Yes <input checked="" type="radio"/> <input type="radio"/> No		Yes/No	A slight headache
	Evening	2	Yes <input checked="" type="radio"/> <input type="radio"/> No		Yes/No	A slight headache
	Night	7	<input checked="" type="radio"/> Yes / <input type="radio"/> No  Extra strength Tylenol  2 tablets	5	<input checked="" type="radio"/> Yes / <input type="radio"/> No  <i>I did some relaxation exercises successfully and also took a hot bath. That sure helped!</i>	Throbbing headache, tightness in neck and shoulders

### Directions:

- Using a diary helps keep track of your pain.
- Pain can be rated using the numbers from one of the scales shown above (using numbers from '0' to '10').

**Acknowledgement:** Pain Management Unit, Royal National Hospital for Rheumatic Diseases, Bath, UK.



## PAIN DIARY EXAMPLE (BLANK)

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	Morning		Yes/No		Yes/No	
	Afternoon		Yes / No		Yes/No	
	Evening		Yes / No		Yes/No	
	Night		Yes / No		Yes/No	

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