

PAIN DIARY

Record all the information that is relevant to your pain in this diary. You may not need to fill out all columns each time. Please bring this diary with you when you next come to clinic.

Date & Time	(loo fee	scribe you cation, wh Is like – e. obing)	at it	Rate your pain using the score below (0 – 10)	What made it worse?	t What m better?	ade it	Comment	S
No pain		2	3	4	5 6	7	8	9	Worst possible pain



Date & Time	Describe your pain (location, what it feels like – e.g. dull, stabbing)	Rate your pain using the score below (0 – 10)	What made it worse?	What made it better?	Comments

