

Daily Pain Diary

NAME: _____

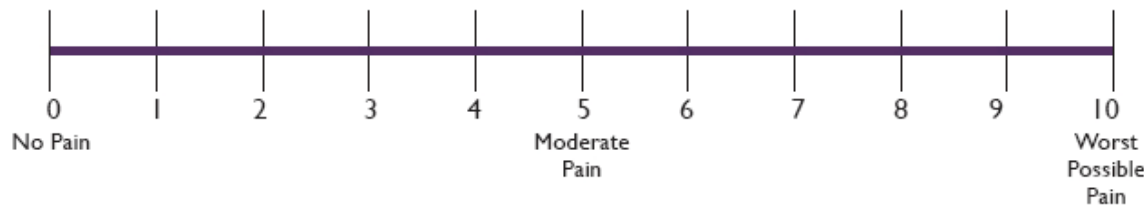
DATE

/ /

Pain Management Center

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Albany, Georgia 31701
(229) 312-0300

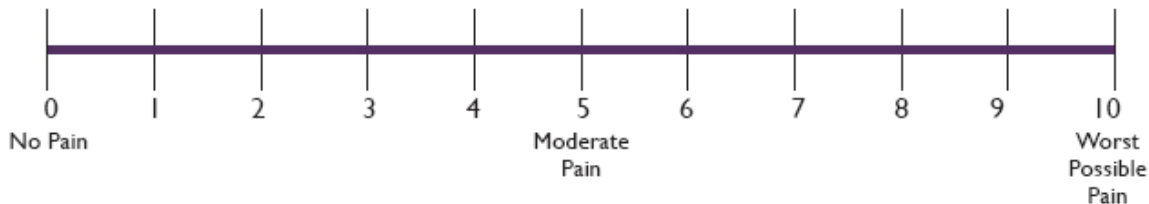
Use this diary to record your pain and what you did to treat it. This will help your health care provider to understand your pain better. Fill in the information and bring the journal with you to your next appointment. If your pain is not relieved by your treatment, call your health care provider.



- Pain as bad as it could be
- Extreme Pain
- Severe Pain
- Moderate Pain
- Mild Pain
- No Pain

| Time | Where is the pain? Rate the pain (0-10), or list the word from the scale that describes your pain. | What were you doing when the pain started or increased? | Did you take medicine? What did you take? How much? | What other treatments did you use? | After an hour, what is your pain rating? | Other problems or side effects? Comments. |
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A vertical purple arrow pointing upwards. To its right, a legend lists pain levels corresponding to the arrow's height: "Pain as bad as it could be" (at the tip), "Extreme Pain", "Severe Pain", "Moderate Pain", "Mild Pain", and "No Pain" (at the base).

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