

Keeping a Pain Diary can help you learn how to better manage your pain. This page contains an example of how to fill out the diary and the following pages are blank diary pages, enough for one month, which you can make notes on three times each day.

The point of the keeping the diary is to help you learn to identify factors which may affect your pain experience. If you are able to identify such factors you may then be able to change those factors and as a result change your pain experience

Please take a look at the example pain diary below, take a look at the blank pages which follow, and ask your provider to answer any questions you may have about how to use the diary.

Pain Diary Example for Week Starting: \_\_\_1/7/2013\_\_\_\_\_

| Date    | Sleep<br>Quality<br>Last night<br>(Poor, Fair,<br>Good) | Stressors<br>(Details)         | Changes in Daily<br>Routine<br>(Medications,<br>Work, Family,<br>etc.) | Formal Quieting Practice (Type/Duration) | Informal<br>Quieting<br>Practice<br>(Details) | Pain<br>Medication<br>Taken           | Exercise (None,<br>Minimal,<br>Moderate,<br>Vigorous) | Pain Level<br>(0 – 10) |
|---------|---|--------------------------------|--|--|---|---------------------------------------|---|------------------------|
| Sun. AM | Poor  | Argument with spouse           | Started Cymbalta   | PMR/30 minutes                           | Mindful walking<br>for 5 min.                 | Hydrocodone<br>7.5mg<br>Cymbalta 30mg | Walking from<br>parking lot to work                   | 5/10                   |
| Mid-day |   | Feeling overwhelmed<br>by work |  |  | Mindful eating<br>during lunch                | Hydrocodone<br>7.5mg                  | None  | 4/10                   |
| Evening |   |                                |  | PMR/30 minutes                           | Cue-controlled<br>relaxation at<br>work       | Hydrocodone<br>7.5mg                  | Walking from work<br>to parking lot                   | 3/10                   |

| Pain Diary for Week Starting: | _ |
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| Date      | Sleep Quality Last night (Poor, Fair, Good) | Stressors<br>(Details) | Changes in Daily<br>Routine<br>(Medications,<br>Work, Family,<br>etc.) | Formal Quieting Practice (Type/Duration) | Informal<br>Quieting<br>Practice<br>(Details) | Pain<br>Medication<br>Taken | Exercise (None,<br>Minimal,<br>Moderate,<br>Vigorous) | Pain Level<br>(0 – 10) |
|-----------|---|------------------------|--|--|---|-----------------------------|---|------------------------|
| Sun. AM   |   |                        |  |  |   |                             |   |                        |
| Mid-day   |   |                        |  |  |   |                             |   |                        |
| Evening   |   |                        |  |  |   |                             |   |                        |
| Mon. AM   |   |                        |  |  |   |                             |   |                        |
| Mid-day   |   |                        |  |  |   |                             |   |                        |
| Evening   |   |                        |  |  |   |                             |   |                        |
| Tues. AM  |   |                        |  |  |   |                             |   |                        |
| Mid-day   |   |                        |  |  |   |                             |   |                        |
| Evening   |   |                        |  |  |   |                             |   |                        |
| Weds. AM  |   |                        |  |  |   |                             |   |                        |
| Mid-day   |   |                        |  |  |   |                             |   |                        |
| Evening   |   |                        |  |  |   |                             |   |                        |
| Thurs. AM |   |                        |  |  |   |                             |   |                        |
| Mid-day   |   |                        |  |  |   |                             |   |                        |
| Evening   |   |                        |  |  |   |                             |   |                        |

| Date    | Sleep Quality Last night (Poor, Fair, Good) | Stressors<br>(Details) | Changes in Daily<br>Routine<br>(Medications,<br>Work, Family,<br>etc.) | Formal Quieting Practice (Type/Duration) | Informal<br>Quieting<br>Practice<br>(Details) | Pain<br>Medication<br>Taken | Exercise (None,<br>Minimal,<br>Moderate,<br>Vigorous) | Pain Level<br>(0 – 10) |
|---------|---|------------------------|--|--|---|-----------------------------|---|------------------------|
| Fri. AM |   |                        |  |  |   |                             |   |                        |
| Mid-day |   |                        |  |  |   |                             |   |                        |
| Evening |   |                        |  |  |   |                             |   |                        |
| Sat. AM |   |                        |  |  |   |                             |   |                        |
| Mid-day |   |                        |  |  |   |                             |   |                        |
| Evening |   |                        |  |  |   |                             |   |                        |

| Notes and Observations: |  |  |
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| Evening   |   |                        |  |  |   |                             |   |                        |
| Mon. AM   |   |                        |  |  |   |                             |   |                        |
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| Evening   |   |                        |  |  |   |                             |   |                        |
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| Mid-day   |   |                        |  |  |   |                             |   |                        |
| Evening   |   |                        |  |  |   |                             |   |                        |
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| Evening |   |                        |  |  |   |                             |   |                        |
| Sat. AM |   |                        |  |  |   |                             |   |                        |
| Mid-day |   |                        |  |  |   |                             |   |                        |
| Evening |   |                        |  |  |   |                             |   |                        |

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