

# MY WEEKLY PAIN JOURNAL

Use this pain journal to record your pain, daily activities, and your medications.

NAME: \_\_\_\_\_

WEEK: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**If you are experiencing severe pain, call your healthcare provider immediately.**

	<b>TIME OF PAIN</b> <ul style="list-style-type: none"> <li>• Morning-AM</li> <li>• Afternoon-PM</li> <li>• Night-N</li> <li>• All Day-A</li> </ul>	<b>ACTIVITIES CAUSING PAIN</b> <ul style="list-style-type: none"> <li>• Walking</li> <li>• Sitting</li> <li>• Standing</li> <li>• Bending</li> <li>• Sleeping</li> <li>• List Other</li> </ul>	<b>WHERE IS PAIN?</b> <ul style="list-style-type: none"> <li>• Head</li> <li>• Lower back</li> <li>• Knees/Hips</li> <li>• Hand/Fingers</li> <li>• Legs</li> <li>• Chest</li> <li>• Pelvic Area</li> <li>• List Other</li> </ul>	<b>LEVEL OF PAIN SCALE OF 1-10</b> <ul style="list-style-type: none"> <li>• 0= no pain</li> <li>• 5= moderate pain</li> <li>• 10= worst pain</li> </ul>	<b>1st MED</b> <ul style="list-style-type: none"> <li>• Name of med.</li> <li>• Time taken? (am/pm)</li> <li>• How often? (once daily, every 4 hrs, before bed, etc.)</li> <li>• Level of relief None Some Great</li> <li>• Length of time before feeling relief?</li> </ul>	<b>2nd MED</b> <ul style="list-style-type: none"> <li>• Name of med.</li> <li>• Time taken? (am/pm)</li> <li>• How often? (once daily, every 4 hrs, before bed, etc.)</li> <li>• Level of relief None Some Great</li> <li>• Length of time before feeling relief?</li> </ul>	<b>LIST ADDITIONAL MEDICATIONS, HERBAL REMEDIES, SUPPLEMENTS, ETC.</b>
MON.							
TUES.							
WED.							
THUR.							
FRI.							
SAT.							
SUN.							