



Completing a pain diary can be a very useful tool in helping you and the healthcare professionals supporting you understand how your pain levels are affected by your activities and medication.

Sometimes the diary can help you identify the things that make your pain worse and the things that help.

*Instructions:- an example sheet has been included*

- 1) At various times during the day, as often as possible, mark the line at the spot that reflects your pain levels at that time. The scale is from 0 to 10, with 0 representing “no pain” and 10 representing the “worst pain” possible.
- 2) Record the activity that you were doing at the time (e.g. sitting, doing housework, sleeping, shopping, gardening etc).
- 3) Record any ***pain medicine*** taken, at the time that you took it.
- 4) At the bottom of the page record any general comments about your sleep/feelings for the day
- 5) Also don't get up and record during the night- only do so if you are awake or complete retrospectively the next morning

*Don't worry about keeping a diary every day. It can be helpful in times when there are changes – perhaps you are have changed activity levels, or you have changed medication. Keeping a pain diary for a short period can help you assess whether the changes have been helpful or not*

**Example sheet**

Name: John Smith

D.O.B: 23/1/45

Day and Date: Wed 3<sup>rd</sup> March

Activity	Time	0	1	2	3	4	5	6	7	8	9	10	Medicine	
		No Pain	Mild	Moderate	Severe	Worst Pain								
Light housework	<b>Example</b>												2 Paracetamol	
	<b>8 a.m.</b>						X							2 cocodamol 30/500
Weekly shopping	<b>10 a.m.</b>											X		
Weekly shopping	<b>12 p.m.</b>						X							
Ironing	<b>2 p.m.</b>											X	1 ibuprofen 400mg	
Watching TV	<b>4 p.m.</b>											X		
Making Dinner	<b>6 p.m.</b>						X							2 cocodamol 30/500
Watching TV	<b>8 p.m.</b>											X		
Reading before bed	<b>10 p.m.</b>						X							
	<b>12 a.m.</b>				X									
	<b>2 a.m.</b>													
Woken by pain	<b>4 a.m.</b>												2 cocodamol 30/500	
	<b>6 a.m.</b>											X		

General Comments: *Back really stiff and sore after walking around supermarket and putting all shopping away. Woken during night but pain medicines helped*

Fife Pain Management Service

Name:

Day and Date: \_\_\_\_\_

D.O.B:

Activity	Time	0	1	2	3	4	5	6	7	8	9	10	Medicine
		No Pain	Mild	Moderate	Severe	Worst Pain							
<i>Light housework</i>	<b>Example</b>	————— X —————											<i>2 Paracetamol</i>
	<b>8 a.m.</b>												
	<b>10 a.m.</b>												
	<b>12 p.m.</b>												
	<b>2 p.m.</b>												
	<b>4 p.m.</b>												
	<b>6 p.m.</b>												
	<b>8 p.m.</b>												
	<b>10 p.m.</b>												
	<b>12 a.m.</b>												
	<b>2 a.m.</b>												
	<b>4 a.m.</b>												
	<b>6 a.m.</b>												

General Comments:

Fife Pain Management Service

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Day and Date: \_\_\_\_\_

D.O.B:

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Fife Pain Management Service

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Fife Pain Management Service

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