Pain diary

Keep this diary accurately each day, for at least 7 days.

Date and time when you experience pain	**Location and duration of your pain**	**Rate the intensity of your pain on a scale from 0 to 10** (10 means 'worst you can imagine').	**Rate how much your pain interferes with your daily life on a scale from 0 to 10** (10 means 'extreme interference').	**What made your pain worse?** (what were you doing when you had your pain).	**What helped you get through the day?** (medication and other strategies such as pacing, meditation, or exercise).	**Notes** Record other relevant information, such as: • Side effects of medications • Nature of pain, e.g., dull, sharp, burning or electric • How does the pain affect your daily life, including your mood, sleep, work or social life.