

# MY WEEKLY PAIN JOURNAL

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

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

Name \_\_\_\_\_  
 Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

PLEASE RECORD EACH DAY	TIME OF PAIN <ul style="list-style-type: none"> <li>Morning-AM</li> <li>Afternoon-PM</li> <li>Night-N</li> <li>All Day-A</li> </ul>	ACTIVITIES CAUSING PAIN <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>	WHERE IS PAIN? <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>	LEVEL OF PAIN On a Scale of 0-10 <ul style="list-style-type: none"> <li>0= no pain</li> <li>5= moderate pain</li> <li>10= worst pain</li> </ul>	1ST MEDICATION <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  <i>None</i>  <i>Some</i>  <i>Great</i></li> <li>Length of time before feeling relief?</li> </ul>	2ND MEDICATION <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  <i>None</i>  <i>Some</i>  <i>Great</i></li> <li>Length of time before feeling relief?</li> </ul>	LIST ADDITIONAL MEDICATIONS, HERBAL REMEDIES, SUPPLEMENTS, ETC.
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							



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