

FAST FACTS: Using a Pain Diary

A Pain Diary is used to monitor pain over time, collect data on possible pain triggers and provide information for a healthcare provider to make best treatment decisions. It is often said that you are the most important person in the pain management process.

If you are able to self-report, you should provide information for the Pain Diary. However, if you are unable to share information about your pain experience or maintain a Pain Diary this important task is often assumed by your caregiver.

- ✓ **Why to complete a Pain Diary**
 - Primary Care Provider (PCP) or Specialist has asked you to track pain
 - Provides a written history of pain issues that can be shared with the healthcare provider and can support better treatment decisions
- ✓ **When to complete a Pain Diary**
 - On a routine basis to track pain, preferably daily
 - For additional acute pain episodes as they occur
- ✓ **What to track on a [Pain Diary](#)**
 - Date/Time
 - Location of Pain
 - Intensity of Pain
 - Impact of pain on function
 - Aggravating factors (what were you doing when pain started/increased?)
 - Treatments tried and their effect on pain
 - Other problems or side effects

PAIN DIARY EXAMPLE

Daily Pain Diary

Date

↑

Pain as bad as it could be

Extreme Pain

Severe Pain

Moderate Pain

Mild Pain

Slight Pain

No Pain

Use this diary to record your pain and what you did to treat it. This will help your health care provider to understand your pain better. Fill in the information and bring the journal with you to your next appointment. If your pain is not relieved by your treatment, call your health care provider.

Time	Where is the pain? Rate the pain (0-10), or list the word from the scale that describes your pain.	What were you doing when the pain started or increased?	Did you take medicine? What did you take? How much?	What other treatments did you use?	After an hour, what is your pain rating?	Other problems or side effects? Comments.