



**PAIN DIARY** Note perception of pain on scale 1-10 each day at different times of the day and note any comments  
 e.g. extra painkillers taken, specific activity e.g. gardening

**0 = no pain    1-3 = occasional mild pain. I can live with symptoms    4-5 = Moderate pain which limits some activities    6-10 = Severe pain present. Activities and concentration markedly affected**

|        |            |         | MON | TUE | WED | THU | FRI | SAT | SUN |
|--------|------------|---------|-----|-----|-----|-----|-----|-----|-----|
| Week 1 | Pain level | Morning |     |     |     |     |     |     |     |
|        |            | Evening |     |     |     |     |     |     |     |
|        | Comments   |         |     |     |     |     |     |     |     |
| Week 2 | Pain level | Morning |     |     |     |     |     |     |     |
|        |            | Evening |     |     |     |     |     |     |     |
|        | Comments   |         |     |     |     |     |     |     |     |
| Week 3 | Pain level | Morning |     |     |     |     |     |     |     |
|        |            | Evening |     |     |     |     |     |     |     |
|        | Comments   |         |     |     |     |     |     |     |     |
| Week 4 | Pain level | Morning |     |     |     |     |     |     |     |
|        |            | Evening |     |     |     |     |     |     |     |
|        | Comments   |         |     |     |     |     |     |     |     |