



# Pain Journal

Name: \_\_\_\_\_

Using a **pain scale** helps to describe how much pain you have. Try to put a number from 1 to 10 to your pain level. If you have no pain, use a 0. As the numbers get higher, they stand for worse pain. A 10 means it is the worst pain you've ever had. You might say "My pain is a 7 on a 0-10 scale."

*Please keep a journal of the pain that you experience, for the next seven days. Feel free to use additional paper if you need space for more details.*

| Time & Date | My Pain Rating (1-10) | Location of pain and how it feels (achy, sharp, throbbing, shooting, tingling) | What I was doing when the pain started or got worse | Name and amount of medicine taken | Other techniques I tried (rest, heat, ice) | Pain rating, one hour after taking medicine | How long did the pain last? | Other notes: |
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