

1 877 41 SPINE

229 244 BACK

Daily Pain Diary

Use this diary to record details about your pain, including how you treated it and how effective the treatment was. This will help you keep track of what works and what doesn't. Show this to your doctor at your next appointment so your doctor can better understand your pain level and what you're doing about it.

Use this scale to rate the severity of your pain.

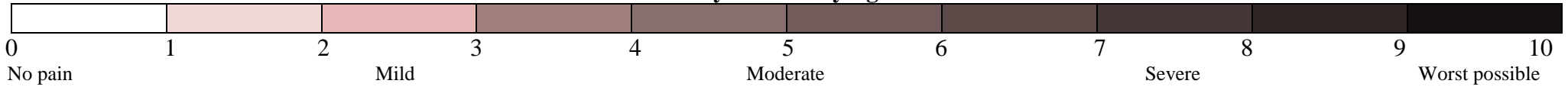


Week Of:	Time	Where was the Pain?	Rate from 0-10	What were you doing when the pain started or increased?	Medicine or Supplements: What did you take and how much?	Other therapies you tried (heat, relaxation, meditation, etc)	One hour later, rate pain again	Describe pain Any other effects? Comments?	Overall how was your pain today?
Sunday	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
Monday	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
Tuesday	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
Wednesday	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
Thursday	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
Friday	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
Saturday	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----

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Daily Pain Diary Pg. 2



Week Of:	Time	Where was the Pain	Rate from 0-10	What were you doing when the pain started or increased?	Medicine or Supplements: What did you take and how much?	Other therapies you tried (heat, relaxation, meditation, etc)	One hour later, rate pain again	Describe pain Any other effects? Comments?	Overall how was your pain today?
Sunday Cont.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Monday Cont.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tuesday Cont.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Wednesday Cont.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Thursday Cont.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Friday Cont.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Saturday Cont.	_____	_____	_____	_____	_____	_____	_____	_____	_____