Pain Diary

Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.

For example:

Date (dd/mm/yyyy)	Morning	Noon	Evening	Night
10/ 03/ 2010	4 /10	4 /10	3 /10	2 /10

Pain Intensity Scale

No pain   Pain as bad as you can imagine

0   1   2   3   4   5   6   7   8   9   10

Date (dd/mm/yyyy)	Morning	Noon	Evening	Night
	__ /10	__ /10	__ /10	__ /10