



Date   Day of Week  Time

### Pain Location & Intensity

Body Part	1-10	Type of Pain
Body Part	1-10	Type of Pain
Body Part	1-10	Type of Pain

### Medication Log

Time	Medication	Dosage	Effects
--:-- --	Medication	Dosage	Effects
--:-- --	Medication	Dosage	Effects
--:-- --	Medication	Dosage	Effects

### Activities that Increased Pain

List activities that made your pain worse...

### Activities that Relieved Pain

List activities that helped reduce your pain...

### Sleep Quality

Hours of Sleep

Sleep Disruptions Due to Pain

Describe how pain affected your sleep...

### Daily Living Impact

Unable to Complete

Activities you couldn't do today...

Modified Activities

Activities you had to modify...

### Emotional Well-being

Today's Mood

Very Good  Good  Fair  Poor  Very Poor

Emotional Impact

Describe your emotional state today...

Treatments Received

List any treatments or therapy sessions...

### Pain Pattern

Time of Worst Pain

Morning  Afternoon  Evening  Night  Constant

Weather Conditions (if relevant)

Additional Notes

Any other observations or notes...

Questions for Healthcare Provider

List any questions for your next appointment...

### Weekly Summary

Pain Trend

Improving  Stable  Worsening  Fluctuating

Weekly Notes

Summary notes for the week...

#### Pain Scale Reference:

1-2: Mild discomfort

5-6: Moderate pain

9-10: Extreme pain

3-4: Mild pain

7-8: Severe pain