

Pain Diary

Name _____ Month _____

Tips: Pain 0 = none, 10 = worst imaginable · Words help: aching, burning, sharp, stabbing, throbbing, tingling · Mark flare days so they stand out · Write what you took and how you felt after

Date	Time	Where it hurts	Pain (0-10)	Kind of pain	Flare day? (Y/N)	What you took	How you felt after	Sleep, activity, mood	Notes