Health
MAINTENANCE TOOL

Pain Diary

Keep this diary to record your daily pain for a **minimum of 14 days.**

Date **Time**

Location of pain **Side** *Please specify other location*

Left Right Both

Patterns of pain **Pain features** *Please specify other feature*

How intense is your pain right now? *(1 = very mild to 10 = worst pain imaginable)*

What makes your pain better? *(select all applicable)*

Rest	Medications	Heat
Position/posture	Distraction	Other, please specify
Pacing activity	Meditation/mindfulness	

What makes your pain worse? *(select all applicable)*

Performing personal care (e.g., bowel care)	Exercise/sports or leisure activities	Urine infection
		Other, please specify
Transfers	Fatigue	
Pushing wheelchair	Stress	
Walking	Anxiety	
Spasms	Constipation/bloating	

Notes
(Record any other relevant information, such as use of medications (what taken and when) and side effects.)

Pain interference in last 7 days with your: *(0 = none to 10 = extreme interference)*

Daily activity Sleep Mood

Note: *if more than 4 on any of the above, please complete the activity, sleep or mood diary respectively.*

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