

# Pain diary

Fill in what you want to, in the evening or whenever suits you. An empty box is fine too.

Week of _____

| | Mon _____ | Tue _____ | Wed _____ | Thu _____ | Fri _____ | Sat _____ | Sun _____ |
|---|---|---|---|---|---|---|---|
| **Pain today**<br>0 to 10 | on average _____<br>at its worst _____ | on average _____<br>at its worst _____ | on average _____<br>at its worst _____ | on average _____<br>at its worst _____ | on average _____<br>at its worst _____ | on average _____<br>at its worst _____ | on average _____<br>at its worst _____ |
| **Where it hurt** | | | | | | | |
| **Got in the way of things**<br>circle one | hardly somewhat a lot | hardly somewhat a lot | hardly somewhat a lot | hardly somewhat a lot | hardly somewhat a lot | hardly somewhat a lot | hardly somewhat a lot |
| **Tension**<br>circle one | hardly any some a lot | hardly any some a lot | hardly any some a lot | hardly any some a lot | hardly any some a lot | hardly any some a lot | hardly any some a lot |
| **Mood**<br>circle one | low so-so okay | low so-so okay | low so-so okay | low so-so okay | low so-so okay | low so-so okay | low so-so okay |
| **Sleep last night**<br>circle one | poorly so-so well | poorly so-so well | poorly so-so well | poorly so-so well | poorly so-so well | poorly so-so well | poorly so-so well |
| **What was going on**<br>activity, weather, stress | | | | | | | |
| **What helped** | | | | | | | |
| **Medicine, if any**<br>what, dose, when | | | | | | | |
| | Eased it? yes a bit no | Eased it? yes a bit no | Eased it? yes a bit no | Eased it? yes a bit no | Eased it? yes a bit no | Eased it? yes a bit no | Eased it? yes a bit no |

0 — no pain, 10 — very strong. Words for how it feels: aching, pulling, pressing, tight, throbbing, sharp, burning, tingling, numb, heavy, dull, warm, cold, moving around. What may help: rest, movement, warmth, breathing, company, prescribed medicine.

Tidealong · the same diary as a free app, no account. Not a medical device.



# Pain moments

When you want to note pain right away: the time, a number, and anything else you like.

| Date, time | Pain, circle one | Where | What it felt like | What was going on | What helped | Medicine, dose |
|---|---|---|---|---|---|---|
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |

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