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Please Call and Speak With Teresa in 2-3 Days OR You Can Also Fax Report to 360-692-2329! Thank You

Pain Diary

For _____

To help us keep track of how well your pain medicine is working, please record your pain level—3 times a day for the next week—on the chart below. Also, indicate how pain has affected your daily activities, if at all. We'd also like you to write down any side effects you feel may have been caused by your pain medicine, when they occurred, and what you did about them. Bring this diary with you on your next visit [redacted]. Our goal is to provide you maximum pain relief and the highest level of function with minimal side effects.

Pain Diary for week of _____

		Day			Day			Day			Day			Day			Day			Day		
		Morning Pain	Midday Pain	Night Pain	Morning Pain	Midday Pain	Night Pain	Morning Pain	Midday Pain	Night Pain	Morning Pain	Midday Pain	Night Pain	Morning Pain	Midday Pain	Night Pain	Morning Pain	Midday Pain	Night Pain	Morning Pain	Midday Pain	Night Pain
Worst Pain Imaginable	10																					
	9																					
	8																					
	7																					
	6																					
	5																					
	4																					
	3																					
	2																					
	1																					
No Pain	0																					
Rescue Doses Needed																						
Current Regimen																						
Dosage Adjustments (if any)																						