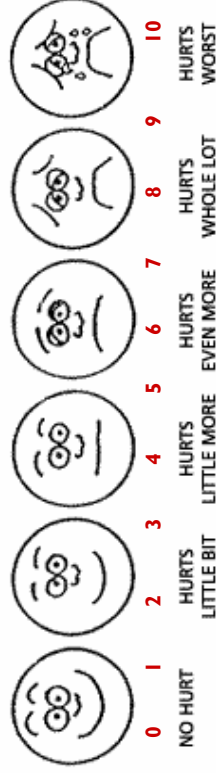




	WHERE IS PAIN? Head Lower back Knees / hips Hand / finger Legs Chest Pelvic Area List other	WHAT CAUSES PAIN? Walking = W Sitting = S Standing = ST Bending = B Sleeping = SL List other	HOW DOES IT FEEL? Burning Stabbing Sharp / Dull Aching Throbbing Tingling Pounding Pressing Needles Constant / Off and on	HOW WOULD YOU RATE YOUR LEVEL OF PAIN*? (0-10) 0 = no pain 5 = moderate 10 = worst pain (*see faces and pain score scale at bottom of chart)	WHEN DOES IT HURT? Morning = AM Afternoon = PM Night = N All day = A	MEDICATION Name of med Time taken? How often? Level of relief None = N Some = S Great = G Time before feeling relief?	LIST OTHER MEDS, HERBALS, SUPPLEMENT & OTHER RELIEF TACTICS  (positioning, pillows, meditation, music, etc.)
S U N							
M O N							
T U E							
W E D							
T H U							
F R I							
S A T							

\*



Modified from:

- ◆ American Society of Pain Educators "My Weekly Pain Diary"
- ◆ Wong DL, et al. Wong's Essentials of Pediatric Nursing, 6th edition. St. Louis: 2001; p. 1301.
- ◆ Jacob A, et al. Clinical Practice Guideline Number 9: Management of Cancer Pain. Rockville, MD: US DHHS, AHCPR; 1994.
- ◆ Savage S et al. "Definitions Related to the Use of Opioids for the Treatment of Pain." American Academy of Pain Medicine, American Pain Society, and American Society of Addiction Medicine, 2001.
- ◆ Massachusetts General Hospital Handbook of Pain Management.