

My Pain Diary

Day/Time	Describe Situation (What were you doing, what was going on around you, what was helping or hurting?)	Rate Initial Physical Sensation (1-10)	Rate Initial Emotional Distress (1-10)	What Did You Do? (See Pain Management Plan for ideas. Include meds and other interventions.)	Did It Help?	
					Re-rate Physical Sensation (1-10)	Re-rate Emotional Distress (1-10)

Ideas and Comments:
