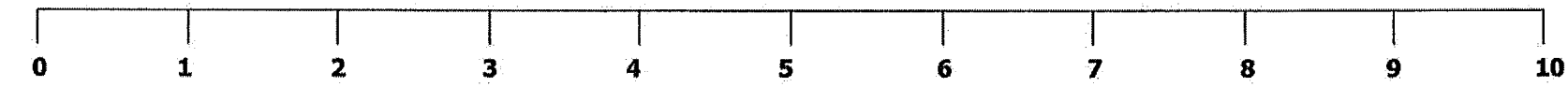
PAIN MANAGEMENT DIARY

Please use this pain assessment scale to fill out your pain control log



No pain

Worst pain you can imagine

Date	**Time**	**How severe is the pain?** (use above scale)	**Where is the pain?**	**Medicine or non-drug pain control method**	**How severe is the pain after 1 hour** (use above scale)	**Activity at time of pain**

Please note that this is a sample pain management diary only, different versions are available, please discuss with your care team