

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: