Pain Diary - Day……

### Pain 1
1. Time it started ____________
5. How bad was this pain at its worst moment? Please circle.
   - A. Mild discomfort
   - B. Slightly painful
2. How long did it last? ____________
   - C. Moderately painful
   - D. Severe pain
   - E. Excruciating pain
3. What else did you do about the pain? ________________________________
4. What do you believe triggered this pain? ____________________________

### Pain 2
1. Time it started ____________
5. How bad was this pain at its worst moment? Please circle.
   - A. Mild discomfort
   - B. Slightly painful
2. How long did it last? ____________
   - C. Moderately painful
   - D. Severe pain
   - E. Excruciating pain
3. What else did you do about the pain? ________________________________
4. What do you believe triggered this pain? ____________________________

### Pain 3
1. Time it started ____________
5. How bad was this pain at its worst moment? Please circle.
   - A. Mild discomfort
   - B. Slightly painful
2. How long did it last? ____________
   - C. Moderately painful
   - D. Severe pain
   - E. Excruciating pain
3. What else did you do about the pain? ________________________________
4. What do you believe triggered this pain? ____________________________

### Pain 4
1. Time it started ____________
5. How bad was this pain at its worst moment? Please circle.
   - A. Mild discomfort
   - B. Slightly painful
2. How long did it last? ____________
   - C. Moderately painful
   - D. Severe pain
   - E. Excruciating pain
3. What else did you do about the pain? ________________________________
4. What do you believe triggered this pain? ____________________________
Level of Coping

Please indicate on the scale below, how YOU believe that you are adapting to the breakthrough pain that you are experiencing.

<table>
<thead>
<tr>
<th>Not coping at all</th>
<th>barely coping</th>
<th>sometimes cope/ don’t well</th>
<th>moderately coping</th>
<th>very well</th>
</tr>
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