

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
C. Moderately painful
D. Severe pain
E. Excruciating pain
2. How long did it last? _____
6. Did you use/request pain medication?_
3. What else did you do about the pain? _____
4. What do you believe triggered this pain? _____
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Pain 2

1. Time it started _____ 5. How bad was this pain at its worst moment?
Please circle.
- A. Mild discomfort
B. Slightly painful
C. Moderately painful
D. Severe pain
E. Excruciating pain
2. How long did it last? _____
6. Did you use/request pain medication?_
3. What else did you do about the pain? _____
4. What do you believe triggered this pain? _____
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Pain 3

1. Time it started _____ 5. How bad was this pain at its worst moment?
Please circle.
- A. Mild discomfort
B. Slightly painful
C. Moderately painful
D. Severe pain
E. Excruciating pain
2. How long did it last? _____
6. Did you use/request pain medication?_
3. What else did you do about the pain? _____
4. What do you believe triggered this
pain? _____
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Pain 4

1. Time it started _____ 5. How bad was this pain at its worst moment?
Please circle.
- A. Mild discomfort
B. Slightly painful
C. Moderately painful
D. Severe pain
E. Excruciating pain
2. How long did it last? _____
6. Did you use/request pain medication?_
3. What else did you do about the pain? _____
4. What do you believe triggered this
pain? _____
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Level of Coping

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



