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

Not coping	barely coping	sometimes cope/ moderately	coping
at all		sometimes don't well	very well