## Breakthrough Pain Diary- Day.....

2. What do you believe	Pain 1         1. Time it started         2. What do you believe triggered this pain?         3. Did you use/request pain medication?         4. What the back state stat			
4. What else did you do 5. How bad was this pai	about the pain?		umber that best describes its	
severity. Mild discomfort	moderately painful	severe pa	in worst pain imaginable	
1 2 3	4 5 6	7 8	9 10	
Pain 2 long did it last? 2. What do you believe	triggered this pain?	tarted		
4. What else did you do 5. How bad was this pai severity.	about the pain? in at its worst moment?	Please circle the n	umber that best describes its	
Mild discomfort	<b>moderately painful</b> 4 5 6	severe pa	in worst pain imaginable 9 10	
		, 0		
Pain 3 How long did it last? 2. What do you believe	1. Triggered this pain?	Fime it started	6.	
3. Did you use/request p	pain medication?			
<ol> <li>Did you use/request p</li> <li>What else did you do</li> </ol>	about the pain?	Please circle the n	umber that best describes its	
<ol> <li>Did you use/request p</li> <li>What else did you do</li> <li>How bad was this pair severity.</li> </ol>	about the pain? in at its worst moment?	Please circle the n	umber that best describes its	
<ol> <li>Did you use/request p</li> <li>What else did you do</li> <li>How bad was this pair severity.</li> <li>Mild discomfort</li> </ol>	about the pain? in at its worst moment? 	Please circle the n severe pa	umber that best describes its in worst pain imaginable 9 10	
<ul> <li>3. Did you use/request p</li> <li>4. What else did you do</li> <li>5. How bad was this paraseverity.</li> </ul> Mild discomfort <ul> <li>1 2 3</li> </ul> Pain 4 long did it last? <ul> <li>2. What do you believe</li> <li>3. Did you use/request p</li> <li>4. What else did you do</li> </ul>	about the pain? in at its worst moment? 	Please circle the n severe pa 7 8 tarted	umber that best describes its         in       worst pain imaginable         9       10         9       6. How         umber that best describes its	

## Level of Coping with Breakthrough Pain

1. Please indicate, by circling the appropriate number on the scale below, how well YOU believe that you are coping/adapting/adjusting to the breakthrough pain that you experienced during the past 24 hours.

Coping Very Poorly	Sometimes Coping/ Sometimes not	Coping Very Well
1 2 3	4 5 6	7 8 9

2. Please list or describe the things that had the greatest impact on your ability to cope with your breakthrough pain during the past 24 hours: