

**Breakthrough Pain Diary- Day.....**

**Pain 1**

1. Time it started \_\_\_\_\_ 6. How long did it last?  
 2. What do you believe triggered this pain?  
 3. Did you use/request pain medication? \_\_\_\_\_  
 4. What else did you do about the pain? \_\_\_\_\_  
 5. How bad was this pain at its worst moment? Please circle the number that best describes its severity.

Mild discomfort			moderately painful			severe pain			worst pain imaginable
1	2	3	4	5	6	7	8	9	10

**Pain 2**

1. Time it started \_\_\_\_\_ 6. How long did it last?  
 2. What do you believe triggered this pain?  
 3. Did you use/request pain medication? \_\_\_\_\_  
 4. What else did you do about the pain? \_\_\_\_\_  
 5. How bad was this pain at its worst moment? Please circle the number that best describes its severity.

Mild discomfort			moderately painful			severe pain			worst pain imaginable
1	2	3	4	5	6	7	8	9	10

**Pain 3**

1. Time it started \_\_\_\_\_ 6. How long did it last?  
 2. What do you believe triggered this pain?  
 3. Did you use/request pain medication? \_\_\_\_\_  
 4. What else did you do about the pain? \_\_\_\_\_  
 5. How bad was this pain at its worst moment? Please circle the number that best describes its severity.

Mild discomfort			moderately painful			severe pain			worst pain imaginable
1	2	3	4	5	6	7	8	9	10

**Pain 4**

1. Time it started \_\_\_\_\_ 6. How long did it last?  
 2. What do you believe triggered this pain?  
 3. Did you use/request pain medication? \_\_\_\_\_  
 4. What else did you do about the pain? \_\_\_\_\_  
 5. How bad was this pain at its worst moment? Please circle the number that best describes its severity.

Mild discomfort			moderately painful			severe pain			worst pain imaginable
1	2	3	4	5	6	7	8	9	10

### 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.

<b>Coping Very Poorly</b>			<b>Sometimes Coping/ Sometimes not</b>			<b>Coping Very Well</b>		
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: