Petal & Paper

YOUR FREE PRINTABLE

Pain diary

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PAIN TRACKING

pain diary

Day 1 — Date: ___

Pain location: _____

Severity (1–10): ___ Type: sharp / dull / burning / aching

Start time: ___ Duration: ___ Worse at: ___

Possible trigger: _____

Pain relief tried: ___ Helped: yes / partly / no

Activity level today: ___/5 Sleep last night: ___hrs

Day 2 — Date: ___

Location: ___ Severity: ___ Type: ___

Duration: ___ Trigger: _____

Relief tried: ___ Helped: ___

Day 3 — Date: ___

Location: ___ Severity: ___ Type: ___

Duration: ___ Trigger: _____

Relief tried: ___ Helped: ___

Weekly pain summary

Average severity: ___/10 Pain-free days: ___

Most common location:

_____

Most consistent trigger: _____

Most effective relief: _____

Questions for specialist:

_____

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