

## PAIN DIARY 1

Where did I feel pain today? \_\_\_\_\_

---

---

---

---

Describe it: \_\_\_\_\_

---

---

---

---

How bad was it at its worst (1-10)? \_\_\_\_\_

Did it change with activity? If so, describe the activity: \_\_\_\_\_

---

---

---

---

Was it better at any time of day? If so, when? \_\_\_\_\_

---

---

Did anything help the pain? \_\_\_\_\_

---

---

---

---

Did anything make the pain worse? \_\_\_\_\_

---

---

---

---