# MY WEEKLY PAIN JOURNAL

NAME: ______________________  WEEK: _______  MONTH: _______  YEAR: _______

Use this pain journal to record your pain, daily activities, and your medications.

If you are experiencing severe pain, call your healthcare provider immediately.

<table>
<thead>
<tr>
<th>TIME OF PAIN</th>
<th>ACTIVITIES CAUSING PAIN</th>
<th>WHERE IS PAIN?</th>
<th>LEVEL OF PAIN SCALE OF 1-10</th>
<th>1st MED</th>
<th>2nd MED</th>
<th>LIST ADDITIONAL MEDICATIONS, HERBAL REMEDIES, SUPPLEMENTS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Morning-AM</td>
<td>• Walking</td>
<td>• Head</td>
<td>• 0= no pain</td>
<td>• Name of med.</td>
<td>• Name of med.</td>
<td></td>
</tr>
<tr>
<td>• Afternoon-PM</td>
<td>• Sitting</td>
<td>• Lower back</td>
<td>• 5= moderate pain</td>
<td>• Time taken? (am/pm)</td>
<td>• Time taken? (am/pm)</td>
<td></td>
</tr>
<tr>
<td>• Night-N</td>
<td>• Standing</td>
<td>• Knees/hips</td>
<td>• 10= worst pain</td>
<td>• How often? (once daily, every 4 hrs, before bed, etc.)</td>
<td>• How often? (once daily, every 4 hrs, before bed, etc.)</td>
<td></td>
</tr>
<tr>
<td>• All Day-A</td>
<td>• Bending</td>
<td>• Hand/Fingers</td>
<td>• Level of relief</td>
<td>• None</td>
<td>• Level of relief</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sleeping</td>
<td>• Legs</td>
<td>None</td>
<td></td>
<td>None</td>
<td>Level of relief</td>
</tr>
<tr>
<td></td>
<td>• List Other</td>
<td>• Chest</td>
<td>Great</td>
<td></td>
<td>Great</td>
<td>Length of time before feeling relief?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pelvis Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

1st MED
- Name of med.
- Time taken? (am/pm)
- How often? (once daily, every 4 hrs, before bed, etc.)
- Level of relief
- Length of time before feeling relief

2nd MED
- Name of med.
- Time taken? (am/pm)
- How often? (once daily, every 4 hrs, before bed, etc.)
- Level of relief
- Length of time before feeling relief

LIST ADDITIONAL MEDICATIONS, HERBAL REMEDIES, SUPPLEMENTS, ETC.

MON.

TUES.

WED.

THUR.

FRI.

SAT.

SUN.

Your pain is our priority!  www.DESERTCLINICS.com  (760) 321-1315