

# CRPS Pain Diary Template

Comprehensive 6-page CRPS tracking template — burning pain, sensory changes, autonomic symptoms, motor dysfunction, limb comparison, and pain-specialist-ready summaries.

Name:

Date Range:

Pain Scale Reference (0–10 NRS)

0

1

2

3

4

5

6

7

8

9

10

0 = No Pain5 = Moderate10 = Worst Possible

CRPS Symptom Log — Sensory & Pain

CRPS has 4 diagnostic categories (Budapest criteria): sensory, vasomotor, sudomotor/edema, motor/trophic. Track all daily.

Date	Pain (0-10)	Burning (0-10)	Allodynia (light touch pain)	Hyperalgesia (increased pain)	Spontaneous Pain?	Pain Quality

Autonomic Symptoms (Vasomotor & Sudomotor)

These autonomic changes differentiate CRPS from other pain conditions. Document visible changes daily.

Date	Color Change	Temp Difference	Swelling (0-10)	Sweating Change	Skin Appearance	Nail/Hair Changes

## Motor & Trophic Changes

Motor dysfunction (weakness, tremor, dystonia) and trophic changes (skin, nail, hair) are late-stage CRPS signs. Track progression.

Date	Weakness (0-10)	Tremor?	Stiffness (0-10)	Range of Motion	Dystonia?	Grip Strength	Walking Ability

## Affected Limb Comparison

Compare affected vs. unaffected side. Side-to-side differences are key CRPS diagnostic criteria.

Date	Side	Color	Temp (warm/cool)	Swelling	Hair/Nail Changes	Skin Texture	Notes
	Affected						
	Unaffected						
	Affected						
	Unaffected						
	Affected						
	Unaffected						

## Trigger & Aggravating Factor Log

CRPS pain can be triggered by light touch, temperature change, movement, and stress. Track to identify and avoid triggers.

Trigger	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Light touch / clothing							
Temperature change							
Movement / exercise							
Stress / emotional							
Vibration							
Weather / barometric							
Medical procedure							
_____							

## Spreading Monitor

CRPS can spread beyond the original site. Track any new areas of symptoms weekly.

Week	Original Site Status	New Areas Affected?	Contralateral (mirror) Symptoms?	Spreading Direction

## Medication & Treatment Log

Track nerve blocks, ketamine infusions, bisphosphonates, and neuropathic pain meds separately. Note exact timing relative to CRPS symptoms.

Date	Medication / Treatment	Dose	Time Taken	Relief (0-10)	Duration of Relief	Side Effects

## Non-Medication Treatments

Track mirror therapy sessions, graded motor imagery, desensitization exercises, contrast baths, and occupational therapy. CRPS requires multimodal treatment.

Date	Treatment Type	Duration (min)	Pain Before (0-10)	Pain After (0-10)	Helpful? (Y/N)	Notes

## Treatment Effectiveness Summary

Rate each treatment weekly. CRPS treatments often show gradual improvement. Track allodynia tolerance and use-of-limb separately from pain level.

Treatment	Week 1	Week 2	Week 3	Week 4	Continue? (Y/N)	Notes

## Functional Impact Assessment

Rate each activity: 0 = Unable, 5 = Significant difficulty, 10 = Full capacity. Note if allodynia (pain from light touch) limits the activity.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Use of affected limb							
Walking / mobility							
Grip / fine motor							
Weight bearing							
Tolerating clothing/touch							
Bathing affected area							
Sleep (pain disruption)							
Driving							
Exercise / PT tolerance							
Social participation							

## Self-Care & Daily Living

Mark: Y = Independent ~ = Modified / used aids X = Unable H = Needed help from another person.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Tolerating clothing on limb							
Washing affected area							
Applying creams/bandages							
Bearing weight on limb							
Using affected hand/foot							
Temperature regulation							
Sleep (limb positioning)							

## Allodynia Triggers, Desensitization Progress & Limb Changes

## Weekly Summary — CRPS

Complete at end of each week. Bring to appointments. This page tells your doctor how the week went.

Week of: \_\_\_\_\_

Average Pain Level (0-10): \_\_\_\_\_

Worst Day (date + level): \_\_\_\_\_

Best Day (date + level): \_\_\_\_\_

Flare Days This Week: \_\_\_\_\_

Sleep Quality Average (1-5): \_\_\_\_\_

Budapest categories active (0-4): \_\_\_\_\_

Spreading noted?: \_\_\_\_\_

Color/temp changes present?: \_\_\_\_\_

## Pattern Observations

Allodynia changes (better/worse/same): \_\_\_\_\_

Mirror therapy or GMI response: \_\_\_\_\_

New spreading areas or contralateral symptoms: \_\_\_\_\_

Environmental triggers (temperature, touch): \_\_\_\_\_

## Questions for Next Appointment

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## CRPS Progression, Spreading & Pain Specialist Questions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_