

# Chronic Back Pain Diary

Comprehensive 6-page back pain tracking template with spine region mapping, posture/activity impact, red flag monitoring, treatment response, and spine-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

Daily Back Pain Log

Location: C=Cervical (neck), T=Thoracic (mid), L=Lumbar (low), S=Sacral. Radiation: note if pain travels to arm/leg.

Date	Pain (0-10)	Location (C/T/L/S)	Radiation? (arm/leg)	Stiffness (0-10)	Quality (ache/sharp/burning)	Worse Time	AM Stiff (min)

Activity & Position Impact

Rate tolerance: minutes before pain increases OR impact rating (0=fine, 5=unbearable). Patterns here guide physical therapy.

Date	Sitting (min)	Standing (min)	Walking (min)	Bending	Lifting (max lbs)	Lying Down	Driving (min)

## Red Flag Symptom Monitor

If ANY of these appear or worsen suddenly, contact your doctor immediately. Mark Y/N daily.

Red Flag	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Numbness in legs/feet							
Weakness in legs							
Bladder changes							
Bowel changes							
Saddle area numbness							
Progressive weakness							
Fever with back pain							
Unexplained weight loss							

## Nerve Symptom Tracking (Sciatica/Radiculopathy)

If pain radiates to arm or leg, track these symptoms. They help differentiate mechanical vs. nerve involvement.

Date	Leg/Arm Affected	Numbness (0-10)	Tingling (0-10)	Weakness (0-10)	How Far It Travels	Worse With

## Exercise & Movement Log

Track prescribed exercises and general activity. Movement patterns directly affect back pain — your physio needs this.

Date	Exercise / Activity	Duration (min)	Pain Before (0-10)	Pain After (0-10)	Pain Next Day	Physio Exercises Done?

## Posture & Ergonomics Checklist

Check items you maintained today. Good posture habits reduce flare frequency — track to build awareness.

- ☐ Desk/chair ergonomics maintained
- ☐ Regular position changes (every 30 min)
- ☐ Proper lifting technique used
- ☐ Supportive footwear worn
- ☐ Core engagement exercises done
- ☐ Sleeping position supported (pillow between knees etc.)
- ☐ Stretching breaks taken
- ☐ Heat/cold applied proactively

## Medication & Treatment Log

Track all spine-related medications including NSAIDs, muscle relaxants, nerve pain meds, and injections. Note posture or position when taking medication.

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

## Non-Medication Treatments

Track physiotherapy exercises, heat/ice, TENS, traction, inversion, core strengthening, and ergonomic changes. Spine specialists prioritize these.

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

## Treatment Effectiveness Summary

Rate each treatment weekly. Note which positions or activities each treatment helps. Spine-specific relief patterns guide surgical vs. conservative decisions.

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. Track daily or on representative days.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Sitting tolerance (min)							
Standing tolerance (min)							
Walking distance							
Bending / stooping							
Lifting capacity (lbs)							
Stair climbing							
Driving tolerance (min)							
Desk work / computer							
Household chores							
Exercise / activity							

## 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
Getting out of bed							
Bending to dress lower body							
Toilet use (sitting/standing)							
Meal prep (standing at counter)							
Vacuuming / mopping							
Driving (vibration + posture)							
Sleep position comfort (1-5)							

## Position Changes, Ergonomic Aids & Movement Strategies

## Weekly Summary — Back Pain

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): \_\_\_\_\_

Nerve symptoms present?: \_\_\_\_\_

Physio exercises completed (out of 7 days): \_\_\_\_\_

Red flag symptoms noted?: \_\_\_\_\_

## Pattern Observations

Positions/activities that made pain worse: \_\_\_\_\_

Positions/activities that gave relief: \_\_\_\_\_

Nerve symptoms pattern (worse when?): \_\_\_\_\_

Exercise/PT compliance and effect: \_\_\_\_\_

## Questions for Next Appointment

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

## Posture Observations & Spine-Specific Concerns

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