

# 7-Day Pain Diary Template

Complete 6-page one-week pain diary — daily AM/PM/Evening tracking, symptom log, medication tracker, triggers, weekly summary, and doctor appointment preparation page.

Name: \_\_\_\_\_

Date Range: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Doctor / Specialist: \_\_\_\_\_

## Pain Scale Reference (0–10 NRS)



## 7-Day Pain & Function Log — Days 1-4

|       | Date | AM Pain | Midday Pain | PM Pain | Sleep (1-5) | Function (what you couldn't do) | Meds Taken |
|-------|------|---------|-------------|---------|-------------|---------------------------------|------------|
| Day 1 |      |         |             |         |             |                                 |            |
| Day 2 |      |         |             |         |             |                                 |            |
| Day 3 |      |         |             |         |             |                                 |            |
| Day 4 |      |         |             |         |             |                                 |            |

## 7-Day Pain & Function Log — Days 5-7

|       | Date | AM Pain | Midday Pain | PM Pain | Sleep (1-5) | Function (what you couldn't do) | Meds Taken |
|-------|------|---------|-------------|---------|-------------|---------------------------------|------------|
| Day 5 |      |         |             |         |             |                                 |            |
| Day 6 |      |         |             |         |             |                                 |            |
| Day 7 |      |         |             |         |             |                                 |            |

## Daily Symptom Checklist

Check symptoms present each day in addition to pain.

| Symptom           | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-------------------|-------|-------|-------|-------|-------|-------|-------|
| Fatigue           |       |       |       |       |       |       |       |
| Stiffness         |       |       |       |       |       |       |       |
| Headache          |       |       |       |       |       |       |       |
| Nausea            |       |       |       |       |       |       |       |
| Numbness/tingling |       |       |       |       |       |       |       |
| Weakness          |       |       |       |       |       |       |       |
| Mood changes      |       |       |       |       |       |       |       |
| _____             |       |       |       |       |       |       |       |

## Trigger Log

Check potential triggers present each day. After 7 days, look for which triggers preceded your worst pain days.

| Trigger        | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|----------------|-------|-------|-------|-------|-------|-------|-------|
| Poor sleep     |       |       |       |       |       |       |       |
| High stress    |       |       |       |       |       |       |       |
| Weather change |       |       |       |       |       |       |       |
| Over-activity  |       |       |       |       |       |       |       |
| Skipped meal   |       |       |       |       |       |       |       |
| _____          |       |       |       |       |       |       |       |

## Medication & Treatment Log

For a 7-day snapshot, record every dose including OTC meds. Doctors assess adherence patterns even in short data sets.

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

## Non-Medication Treatments

Track short-term interventions: what you tried each day and whether it reduced pain within 30-60 minutes.

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

## Treatment Effectiveness Summary

At week end, rate each treatment: 1 = No help, 2 = Slight, 3 = Moderate, 4 = Good, 5 = Excellent.

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

## Week Summary

Average pain this week: \_\_\_\_\_

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

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

Flare days (count): \_\_\_\_\_

Sleep quality avg (1-5): \_\_\_\_\_

Patterns noticed: \_\_\_\_\_

Triggers identified: \_\_\_\_\_

## What Helped Most This Week

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## What Made Pain Worse

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Doctor Appointment Preparation

Complete this page before your appointment. Tear it off and bring it with your 7-day data.

Appointment date & time: \_\_\_\_\_

Doctor / Specialist: \_\_\_\_\_

Average pain this week: \_\_\_\_\_

Worst day and why: \_\_\_\_\_

Best day and why: \_\_\_\_\_

What I want to discuss: \_\_\_\_\_

Medication concerns: \_\_\_\_\_

New symptoms: \_\_\_\_\_

Treatment changes request: \_\_\_\_\_

### Questions for My Doctor (prepare 3-5)

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|  |

### Doctor's Recommendations (fill during visit)

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|--|
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|  |