Pain Diary Template

Clinician-designed daily pain diary. Tracks intensity, location, quality, medications, triggers, sleep, mood, and functional impact — the 8 data points providers need.

Patient Information

Name: _____

Date Range: _____

Condition(s): _____

Current Medications: _____

Pain Scale Reference (0–10 NRS)

0	1	2	3	4	5	6	7	8	9	10

0 = No Pain   5 = Moderate   10 = Worst Possible

Pain Quality Descriptors

Use these terms when describing your pain type: Aching • Burning • Stabbing • Throbbing • Shooting • Tingling • Cramping • Pressing • Sharp • Dull • Radiating • Pulsing • Electric • Stinging • Gnawing

Daily Pain Log — Week of: _____

Fill in one row per day. Rate pain on the 0–10 NRS. Use the quality descriptors above. Mark the primary location (e.g. lower back, R knee, neck).

Day	Date	AM Pain	PM Pain	Eve Pain	Worst	Location(s)	Quality
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Medications & Treatments

Record everything you take or do for pain: prescriptions, OTC meds, topicals, heat/ice, physio exercises, etc. Rate relief 0–10.

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Day	Medication / Treatment	Dose / Duration	Time Taken	Relief (0-10)	Side Effects?
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Triggers & Activities

Check any triggers or factors present each day. Add your own in the blank columns. This helps identify patterns over time.

Day	Weather	Stress	Poor Sleep	Physical Activity	Sitting/Posture	Food/Drink	_____
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Sleep & Energy

Rate sleep quality 1–5 (1 = terrible, 5 = excellent). Rate morning energy 0–10. Note anything that disturbed sleep.

Day	Bedtime	Wake Time	Hours Slept	Sleep Quality (1-5)	Morning Energy (0-10)	Disturbances
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Mood & Functional Impact

Rate mood and each functional area: 0 = unable, 5 = managed with difficulty, 10 = normal. This documents how pain affects daily life.

Day	Mood (0-10)	Self-Care	Housework	Walking	Work / School	Social / Family
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Notes for Your Healthcare Provider

Use this space to record patterns you noticed, questions for your doctor, concerns about your treatment, or anything else you want to discuss at your next appointment.

Observations, Patterns, and Questions

Weekly Summary

Complete this at the end of each week. Summarizing helps you and your provider spot trends faster.

Average pain this week (0–10): _____

Highest / Lowest pain this week: _____

Number of "bad" days (pain 6+): _____

Most common trigger: _____

Most effective relief: _____

Functional impact (what couldn't you do?): _____

Changes to discuss with provider: _____

Goals for next week: _____

Tips for Effective Pain Tracking

- Fill this in at the same time each day (evening works best) — consistency matters more than perfection.
- On high-pain days, just record your pain number and a few check marks. Partial data is better than no data.
- Print multiple copies — two full weeks (14 days) is the minimum to spot meaningful patterns.
- Bring completed sheets to every appointment. Most providers can scan this format in under 2 minutes.
- Compare your best and worst days to identify triggers. Patterns often become clear after week two.
- Rate pain in the moment, not from memory. Don't compare to others — use your own experience as the reference.
- Keep this diary with your medications or by your bed so it becomes part of your daily routine.
- For WorkSafeBC, ICBC, or disability claims: dated, consistent entries carry more weight than summaries.

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