

What to Include in a Pain Journal

Complete prioritized checklist with tracking templates for each category — from essential daily entries to appointment-ready weekly summaries.

Essential — Track Every Day (2 minutes)

- ☐ Pain intensity (0-10 scale) — morning and evening
- ☐ Pain location (be specific — "left lower back" not "back")
- ☐ Pain type (sharp, dull, burning, throbbing, aching, stabbing)
- ☐ Time of day pain is worst / best
- ☐ Duration of each pain episode or flare
- ☐ Medications taken (name, dose, time)

Important — Track Daily If Possible (adds 2 minutes)

- ☐ Medication effectiveness (% relief and duration)
- ☐ Sleep quality (1-5) and hours slept
- ☐ Activities completed and activities skipped or modified
- ☐ What made pain better and what made it worse
- ☐ Energy level (1-5)

Valuable — Track When Relevant (adds 1-2 minutes)

- ☐ Mood and emotional state
- ☐ Stress level (0-10)
- ☐ Weather / barometric pressure changes
- ☐ Menstrual cycle day (if applicable)
- ☐ Food, hydration, and caffeine intake
- ☐ Exercise or physical therapy completed

For Appointments — Weekly Summary (5 minutes/week)

- ☐ Average pain level this week
- ☐ Best day and worst day (with possible reasons)
- ☐ Functional limitations this week
- ☐ Treatment response observations
- ☐ Questions for your doctor

Time Commitment Guide — Pick Your Level

Choose the level that fits your energy. Some tracking is always better than no tracking. You can switch levels day by day.

Level	Time	What You Track	Best For
Quick	1 min	Pain level + 1 word for function	Bad days, low energy
Standard	2-3 min	Pain, meds, sleep, function	Most days
Detailed	5 min	All categories above	Pre-appointment weeks
Comprehensive	10 min	Everything + journal notes	New diagnosis, treatment changes

Sample Daily Entry — Standard Level

This is what a completed "Standard" entry looks like. Use this as a template for your own entries.

Date: Tuesday, Jan 14 | Pain: 5/10 (AM: 6, PM: 4)
Location: Lower back, radiating to left leg
Type: Aching with occasional sharp when bending
Meds: Ibuprofen 400mg at 8am (30% relief, lasted 4 hrs)
Sleep: 3/5 — woke twice from pain, 6 hrs total
Function: Could not do dishes or vacuum. Managed desk work with breaks.
Triggers: Increased after sitting > 30 min
What helped: Walking 15 min, heating pad on lower back

Name: _____

Date Range: _____

Pain Scale Reference (0–10 NRS)



Daily Pain Journal — Use This Template

Time	Pain (0-10)	Location	Type / Quality	Medication Taken	Activity / Function	What Helped / Made Worse
Morning						
Midday						
Evening						
Bedtime						

Sleep & Energy

Hours slept: _____

Sleep quality (1-5): _____

Times woken by pain: _____

Energy level (1-5): _____

Today's Observations

Trigger Identification Log

Check potential triggers present each day. After 2+ weeks, compare trigger days vs. pain-free days to find your patterns.

Trigger	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Poor sleep							
High stress							
Weather change							
Over-exertion							
Skipped meal							
Alcohol							
Prolonged sitting							
Emotional distress							

Pattern Notes

Patterns I'm noticing: _____

Possible connections: _____

Medication & Treatment Log

Start with your Essential checklist items before expanding. Even a simple medication log adds enormous value to your journal.

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

Non-Medication Treatments

If tracking "Valuable" tier items: record non-drug treatments like heat/cold, exercises, and rest. Note what works best for you.

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

Weekly Summary — Pain Journal

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): _____

Pattern Observations

Patterns I noticed this week: _____

Tracking level I maintained (Quick/Standard/Detailed): _____

What was easy to track vs. what I skipped: _____

Next week I want to add: _____

Questions for Next Appointment

1. _____
2. _____
3. _____
4. _____
5. _____

Reflections on Building My Tracking Habit

