# Daily Pain Tracker

Simple one-page daily tracking sheet. Quick, consistent entries with minimal writing required.

Name: _____

Date Range: _____

## 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

## Today's Pain Log

Record each significant pain episode. Use the 0–10 scale above.

| Time | Pain (0-10) | Location | What were you doing? | What helped? |
|------|-------------|----------|----------------------|--------------|
|      |             |          |                      |              |
|      |             |          |                      |              |
|      |             |          |                      |              |
|      |             |          |                      |              |
|      |             |          |                      |              |
|      |             |          |                      |              |
|      |             |          |                      |              |
|      |             |          |                      |              |

## Daily Summary

Overall pain today (0-10): _____

Sleep last night (hours): _____

Mood today: _____

Activity level: _____

Medications taken: _____

**Notes (triggers, observations, questions)**