

# 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)

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