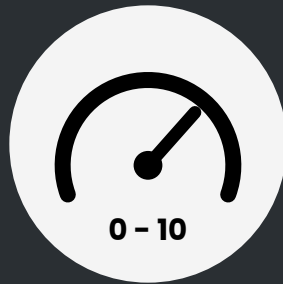


LARGE PRINT



Pain Log

What hurts, how much, and what helps

Pain scale • body map • my details • daily log • monthly tracker

Type in it on screen, or print as many copies as you like

Free from ElderlyDaily.com

Rating and Describing Pain

THE 0 TO 10 PAIN SCALE • WORDS THAT HELP YOUR DOCTOR

Pick the number that matches your pain right now.

0 means no pain. 10 means the worst pain you can imagine.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No pain

Worst pain you can imagine

WORDS TO DESCRIBE IT

Sharp	Dull	Aching	Throbbing
Burning	Shooting	Stabbing	Gnawing
Tingling	Cramping	Steady	Comes and goes

EACH TIME, NOTE

- Where it hurts, and how long it lasts
- What makes it better, and what makes it worse
- Anything you could not do because of the pain
- The name, dose and time of any pain medicine
- Your pain number again 1 to 2 hours after the medicine or other relief

Call 911 right away for:

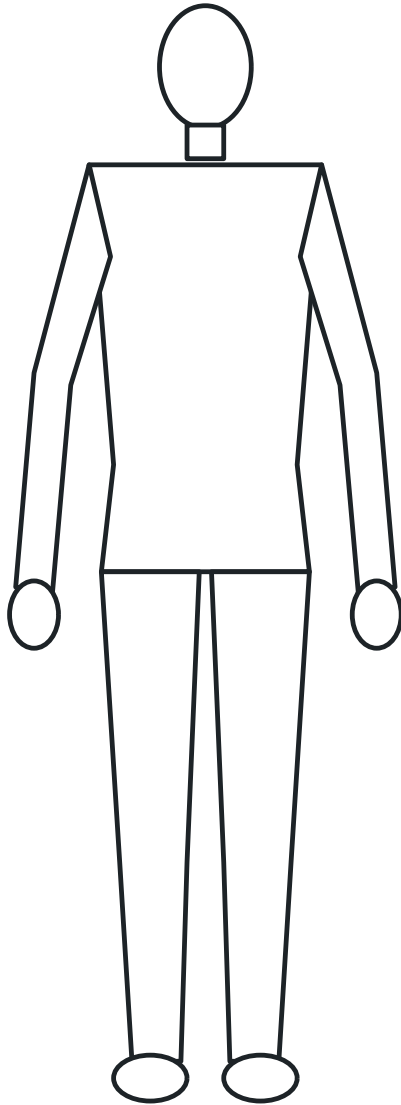
- Chest pain or pressure, or pain spreading to the arm, back, neck or jaw
- Sudden numbness or weakness, confusion, or trouble speaking
- A sudden, severe headache
- A fall where you cannot get up, or cannot move or put weight on a limb

For new pain, or pain that is getting worse, call your doctor.

Where Does It Hurt?

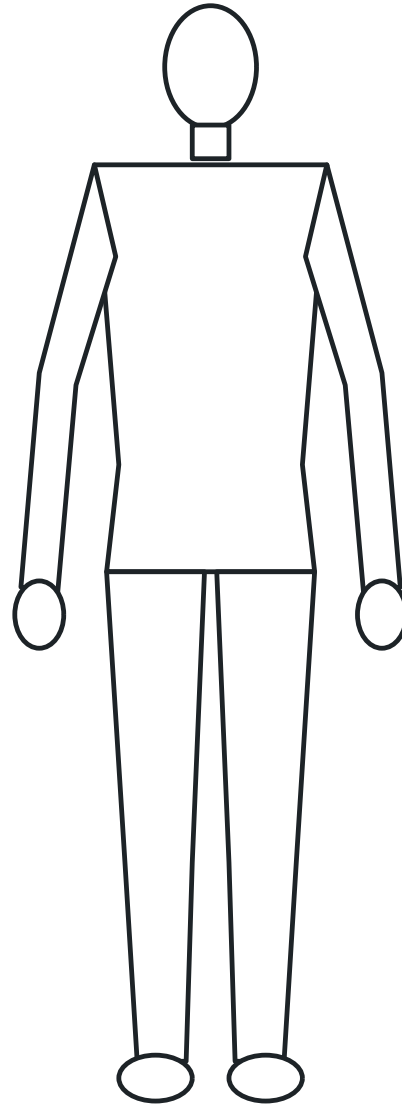
SHADE OR CIRCLE EVERY PLACE THAT HURTS • ADD THE NUMBER 0 TO 10 NEXT TO IT

DATE _____



FRONT

as if facing you



BACK

as if seen from behind

NOTES ABOUT WHERE IT HURTS

My Details

KEEP THIS PAGE WITH YOUR LOG • TAKE IT TO EVERY APPOINTMENT

NAME _____

DOCTOR & PHONE _____

PHARMACY & PHONE _____

WHAT CAUSES MY PAIN (IF KNOWN) _____

WHAT USUALLY HELPS _____

WHAT MAKES IT WORSE _____

MY PAIN MEDICINES

MEDICINE	DOSE	WHEN I TAKE IT	MOST PER DAY (LABEL)

QUESTIONS FOR MY NEXT APPOINTMENT

Daily Pain Log

ONE LINE EACH TIME YOU HAVE PAIN OR TAKE SOMETHING FOR IT • PAGE 1 OF 2

[illegible]

0 = no pain, 10 = worst pain you can imagine. Write the medicine and dose, or what else you tried.

Daily Pain Log

ONE LINE EACH TIME YOU HAVE PAIN OR TAKE SOMETHING FOR IT • PAGE 2 OF 2

[illegible]

0 = no pain, 10 = worst pain you can imagine. Write the medicine and dose, or what else you tried.

Monthly Pain Tracker

ONE ROW PER DAY • SHOWS YOUR DOCTOR THE PATTERN AT A GLANCE

MONTH & YEAR _____

DAY	WORST PAIN 0-10	USUAL PAIN 0-10	SLEEP: GOOD / FAIR / POOR	PAIN MEDICINE TAKEN	WHAT I COULD NOT DO / NOTES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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