**Pain Diary**

*Pain intensity scale*  
None 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 Extreme

*Pain descriptors:* Stiff, tense, tender, stabbing, sharp, burning, tingling, numbness, electric, tearing, boring, aching, radiating, shooting, gnawing, heavy, tiring, sickening.

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| **Date** | **Where is the pain? Intensity and description.** | **What caused or increased the pain?** | **What did you do to relieve it?** | **Medication & dose** | **Mental state (Good, ok, low, very low)** | **Amount of sleep (hrs)** | **Notes** |
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Use this pain diary to track your progress through rehabilitation. It can help give you insight on what causes your pain, when it’s worse and can be a great tool to give your health care provider and give them more knowledge on how your coping.