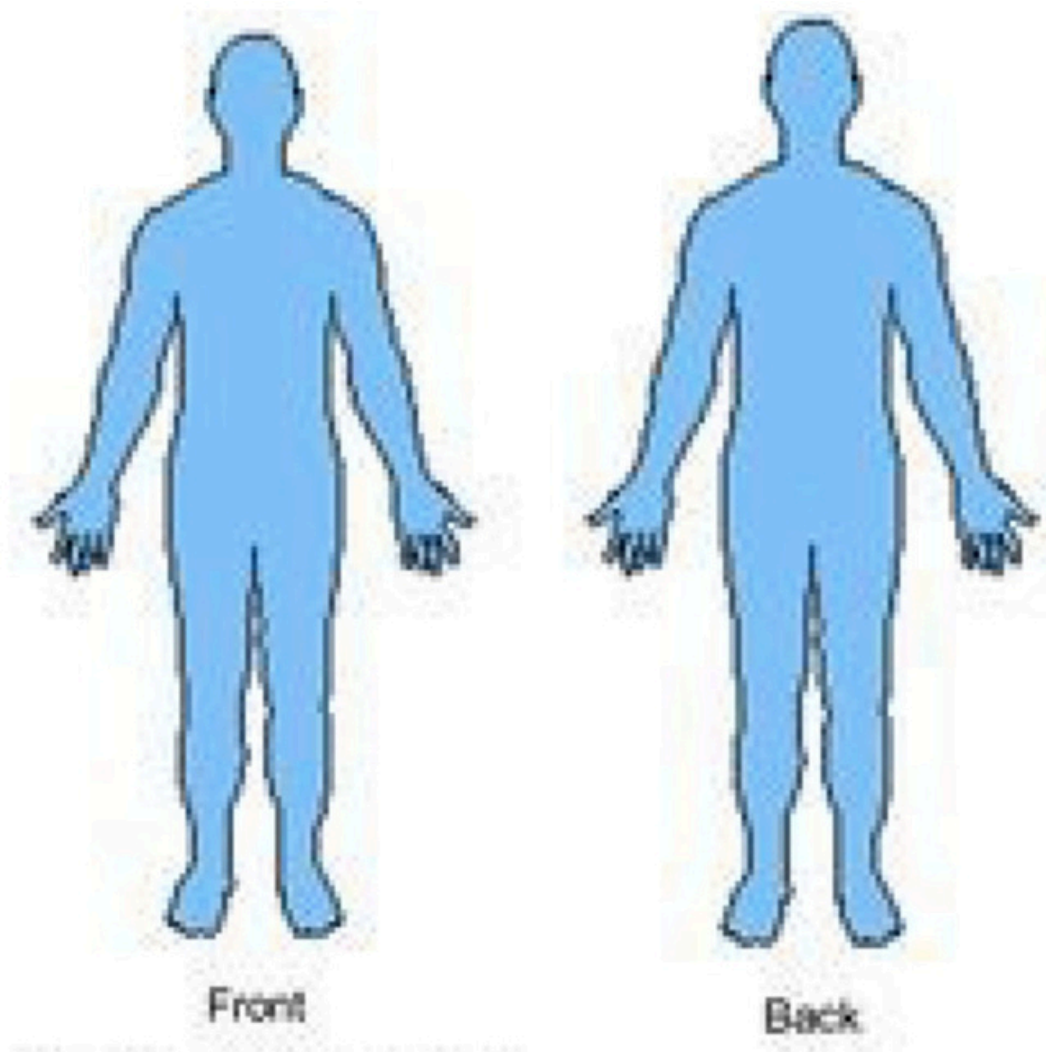


Daily Pain Tracker

DATE: _____



Mark the places that hurt with the type of pain you feel.

Add the time the pain began, if possible.

S = shooting pains A = aching pains B = burning pains D = dull

X = stabbing pains N - numbness C = cramping T = throbbing

P = pins and needles

Daily Pain Tracker

DATE: _____

Morning Pain Level

1 2 3 4 5 6 7 8 9 10

Evening Pain Level

1 2 3 4 5 6 7 8 9 10

How well did I sleep?

1 2 3 4 5 6 7 8 9
10

What's my fatigue level?

1 2 3 4 5 6 7 8 9 10

How weak do I feel?

1 2 3 4 5 6 7 8 9 10

How is my walking ability?

1 2 3 4 5 6 7 8 9 10

Sensitivity to light and sound?

1 2 3 4 5 6 7 8 9
10

How depressed do I feel?

1 2 3 4 5 6 7 8 9 10

How irritable do I feel?

1 2 3 4 5 6 7 8 9 10

How anxious do I feel?

1 2 3 4 5 6 7 8 9 10

How happy am I?

1 2 3 4 5 6 7 8 9
10

How angry do I feel?

1 2 3 4 5 6 7 8 9 10

How are my relations with others affected?

1 2 3 4 5 6 7 8 9 10

How is my enjoyment of life affected?

1 2 3 4 5 6 7 8 9 10

Weather

Overcast Sunny
Rainy Foggy
Snowy Windy

Temperatures

High: _____

Low: _____

Family/ Home Life Stress Level

1 2 3 4 5 6 7 8 9 10

Job Stress Level

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Weather is affecting me

1 2 3 4 5 6 7 8 9 10