

Appendix 11 - Monthly Pain Log

For each day of the month, in the table below, indicate the time your pain started, where the pain is and the activities that may have started or worsened your pain and any medication you took for relief of pain. Write the corresponding numbers in the cells under each day. Using an “X” indicate AM or PM and the level of relief you obtained and how long after taking the medication you felt relief.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time of Pain:																															
Morning																															
Afternoon																															
All day																															
Location of pain (list here)																															
1.																															
2.																															
3.																															
Level of pain (1 to 10)																															
List activities causing pain.																															
1.																															
2.																															
3.																															
4.																															
Medicines taken to relieve pain.																															
1.																															
2.																															
3.																															
Taken AM																															
Taken PM																															
No relief																															
Some Relief																															
Lot of Relief																															
Time to take effect.																															