

Keeping a record of your pain will help you when you discuss it with Energy Medicine or InterX Pain Clinic. If your pain is in more than one place you may want to make copies of this diary.



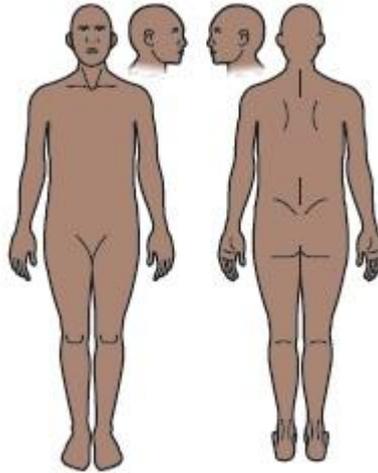
Date and Time	Where is your pain?	What is our pain like?	Level of Pain (0 no pain 10 severe pain?)	What medicines or treatments have you used?	What makes your pain better?	What makes your pain worse?

Where is your Pain?

Is it in one part of your body, or in more than one place?

You can use the diagrams on the right to mark where the pain is.

If you have more than one area of pain mark them A, B, C etc. with A been the most pain B, Less etc.



What is your Pain like?

Circle any of the following words that best describe your Pain:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Aching | <input checked="" type="checkbox"/> Piercing |
| <input checked="" type="checkbox"/> Burning | <input checked="" type="checkbox"/> Pins & Needles |
| <input checked="" type="checkbox"/> Cold | <input checked="" type="checkbox"/> Prickling |
| <input checked="" type="checkbox"/> Comes and goes | <input checked="" type="checkbox"/> Radiating |
| <input checked="" type="checkbox"/> Constant | <input checked="" type="checkbox"/> Sharp |
| <input checked="" type="checkbox"/> Dull | <input checked="" type="checkbox"/> Shooting |
| <input checked="" type="checkbox"/> Excruciating | <input checked="" type="checkbox"/> Sore |
| <input checked="" type="checkbox"/> Hot | <input checked="" type="checkbox"/> Stabbing |
| <input checked="" type="checkbox"/> Intense | <input checked="" type="checkbox"/> Tender |
| <input checked="" type="checkbox"/> Nigging | <input checked="" type="checkbox"/> Throbbing |
| <input checked="" type="checkbox"/> Numb | <input checked="" type="checkbox"/> Tiring |
| <input checked="" type="checkbox"/> Penetrating | <input checked="" type="checkbox"/> Unbearable |

Numbered Pain Scale

How bad is your pain? Rate the level of pain on a scale of 0 to 10, where 0 means no pain and 10 means severe pain.

How to use your Pain Diary

1. Start by recording when you feel the pain-there's a space for you to note the day and time. You fill in the diary as often as you need to. Depending on how well your pain is controlled this could be every 1 - 2 hours or 4 - 6 hours.
2. Record where the pain is on your body - you can use the diagrams to help. It could be in one area or lots of areas.
3. Describe what the pain feels like. You could use the words on the left to help you.
4. Rate the level of pain on a scale of 0 to 10, where 0 means no pain and 10 means severe pain.
5. Write down the medicines you have used, or any treatments or therapies you have had that have helped your pain. Record anything that made the pain better or worse.

All of this information will help Energy Medicine and InterX Pain Clinic find the root cause of your pain issue and build a treatment plan.