

Pain Diary (For Home Care Patients)

This diary will help you monitor your pain level for each day. With 0 being no pain, and 10 being the worst pain you have ever felt, please answer the following questions each day.

Date:	<i>12/16/2019</i>							
Lowest pain level:	<i>4</i>							
Highest pain level:	<i>7</i>							
Where is your pain?	<i>Side of knee</i>							
What does it feel like?	<i>pulsing</i>							
When does it hurt?	<i>When I sit too long</i>							
How long does it last?	<i>10 minutes</i>							
What made your pain better today?	<i>Ice packs, medication</i>							
What made your pain worse today?	<i>Sitting too long</i>							

Did pain stop you from doing something today?	<i>Walking the dog</i>							
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→ Any other notes?

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