

# *Pacific Coast Spine Institute and Pain Center*

Fill in all boxes using the Numerical Scale of:

## *My Pain Diary*

Name: \_\_\_\_\_

0	..... 😊 .....	10
= 😊 Less		= More 😞

Week Ending: .... / .... / .....

Mon

Tue

Wed

Thur

Fri

Sat

Sun

**Morning** - Overall Pain Level

**Afternoon** - Overall Pain Level

**Evening** - Overall Pain Level

**Physical Symptoms.**

How well did I sleep?

How weak do I feel?

How dizzy / lightheaded do I feel?

Are my bowel movements normal?

Is my urination output normal?

What are my exercise levels?

**Cognitive / Emotional Symptoms**

How is my thinking ability?

How anxious do I feel?

How depressed / frustrated am I?

How angry / irritable am I?

How happy am I?

**Possible Exacerbating Conditions**

Is the weather affecting me?

Is the humidity affecting me?

Have I done too much?

Comments/Notes