

Pain Management Diary

NAME: _____ DATE: _____

Please check who completed this form: Self Caregiver (with **older adult's** answers)

1. Any new pain or change in pain today? Yes No

| | | | | | | | | | | |
|---------|-----------|---|---------------|---|---|-------------|---|-----------------------|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Pain | Mild Pain | | Moderate Pain | | | Severe Pain | | Worst Pain Imaginable | | |

2. Using the scale above, choose the **number** that best describes:

- The **average** amount of pain you've experienced today. _____
- The **worst** amount of pain you've experienced today. _____

3. Today, my pain is: Constant Comes and Goes Constant, but gets worse at times

4. In the last 24 hours, how much **relief** have pain treatments (non-drug strategies) or medications provided? Please choose the one percentage from below that most shows how much **relief** you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
No Relief Complete Relief

5. Please check any non-drug strategies you used **today** to help manage your pain.

- Changing Position Heat Cold Rest Physical therapy
 Massage Music Relaxation Distraction Prayer/Meditation
 Exercise/Walking Over the counter ointments (e.g. Ben Gay®, Icy Hot®, etc)

Other non-drug strategies: _____

6. In the last 24 hours, did you experience any of the following: (Check all that apply)

- nausea vomiting diarrhea constipation shortness of breath
- itching fatigue confusion heartburn excessive sweating
- weakness bloating sore mouth difficulty concentrating or remembering things
- excessive sleepiness difficulty sleeping inability to urinate bad dreams
- difficulty swallowing loss of appetite abdominal pain swelling of hands or feet

7. If you skipped any pain medications **today**, why? _____

8. Comments: (helpful information would include any changes you have noticed lately: in pain relief, side effects, location or quality of your pain, need for more/less medication, what would help you be more comfortable...)
