

DAILY PAIN LOG

Name _____

Date _____

Pain Level – 0 = no pain; 10 = the worst pain you can imagine

	6am	7	8	9	10	11	12pm	1	2	3	4	5	6pm	7	8	9	10	11	12am	1	2	3	4	5
Medication (Name & Dosage)																								
Non-drug Therapies																								
Activities/Exercise																								

In what parts of your body did you have pain today?

Comments and Additional Information:
