

# PAIN LOG

Many things can affect your pain. These can include stress, sleep, money worries, and even the weather. When you and your healthcare provider both understand what makes your pain worse, you can begin to work together on ways to reduce or deal with your pain triggers. On the following three pages, mark the number that most closely matches your experience with each item over the last several weeks. Find more resources at [www.theacpa.org](http://www.theacpa.org)

## Pain Level



No Pain

1

2



3

4



5

6



7

8



Worst Pain

9

10

## Stress



No stress

1

2



3

4



5

6



7

8



Very Stressed

9

10

## Exercise



Exercise daily

1

2



3

4



5

6



7

8



No exercise

9

10

## Activity



Normally active

1

2



3

4



5

6

7

8



No activity

9

10

## Sleep



Fully rested

1

2



3

4



5

6



7

8



Poor-quality sleep

9

10

### Fear of Pain



No Fear

Very Afraid

1

2

3

4

5

6

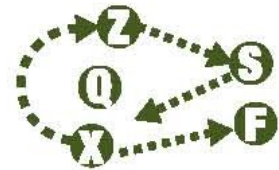
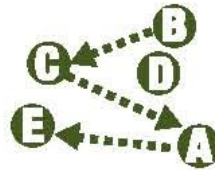
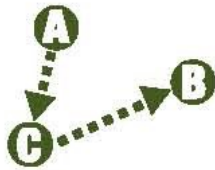
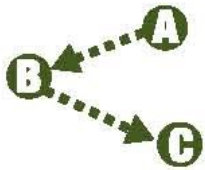
7

8

9

10

### Using Medications as Prescribed



As Directed

Not As Directed

1

2

3

4

5

6

7

8

9

10

### Side Effects



None

Strong Side Effects

1

2

3

4

5

6

7

8

9

10

### Constipation



Normal

Irregular

1

2

3

4

5

6

7

8

9

10

### Sexual Activity



Satisfied

Unsatisfied

1

2

3

4

5

6

7

8

9

10

## Appetite



Normal appetite

1      2      3      4      5      6      7      8      9      10

No appetite

## Mood



Cheerful & calm

1      2      3      4      5      6      7      8      9      10

Depressed, anxious

## Interaction/isolation



Lots of interaction with family & friends

1      2      3      4      5      6      7      8      9      10

Always alone

## Alcohol Use (drinks each day)



None

1      2      3      4      5      6      7      8      9      10

1 or 2

3 or 4

5 or 6

7 or more

## Finances



No money worries

1      2      3      4      5      6      7      8      9      10

Serious money worries