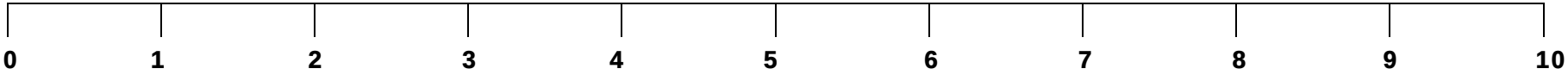
SAMPLE

PAIN MANAGEMENT DIARY

Palliative Care Australia

Please use this pain assessment scale to fill out your pain control log



No pain

Worst pain you can imagine

Date	Time	How severe is the pain? (use above scale)	Where is the pain?	Medicine or non-drug pain control method	How severe is the pain after 1 hour (use above scale)	Activity at time of pain

Please note that this is a sample pain management diary only, different versions are available, please discuss with your care team

Adapted from: Clinical Guidelines Number 9. AHCPR Publication No. 94-0592: March 1994. Agency for Healthcare Research and Quality, Rockville, MD.