

THE FUNCTIONAL BAROMETER

THE PAIN DIARY

The Pain Diary is developed by senior physician Jan-Rickard Norrefalk MD, PhD. Specialist in Pain Management, Rehabilitation Medicine and Occupational Health in cooperation with Karo Pharma AB

The Pain Diary

The Pain diary is an aid to describe and to get a picture of your pain during the day. The effect of your medication, ongoing and previous treatments and your own measurements can be recorded and evaluated.

Your personal description will give your doctor the best possible basis for making a proper assessment of your individual situation that will lead to further action, treatment and processing in your rehabilitation plan.

Pain Description

Describe your own view of your pain. If you do not know or remember when your pain started, make as accurate an estimate as possible. If it has been a long time, a month and a year may suffice, or even just the year.

When did your pain start?

Day Month Year

Do you experience the pain in one or several locations?

One Several

What do you think causes your pain?

Current Medication

What medication are you taking at this time and with what effects? Enter the dosage according to the prescription and if you are taking more or less than the prescribed dose. Your doctor needs to know the actual intake to be able to make a proper and full investigation.

Name of the drug	Prescribed dose	Actual intake	Effect and duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Daily Pain Diary

Over the course of a week you are asked to make note of the pain you experience four times each day, once in the morning, at midday, in the afternoon and the evening. Make a note of the times of each note on the first day and stick to the same time each day thereafter, describing your pain according to the instructions and example below.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Date							
Morning	Time							
Midday								
Afternoon								
Evening								

Instructions

Describe and record your pain on a scale of 0 to 4, with 0 being no pain and 4 being extreme pain. It is important that the times for each note are consistent from day to day during the time you are awake.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Date	8/5	9/5	10/5	11/5	12/5	13/5	14/5
Morning	8:00	1	2	1				
Midday	12:00	3	3	3				
Afternoon	18:00	4	4					
Evening	22:00	4	4					

Other Treatments and Measurements

Describe your current and previous treatments. For example, pool training, exercise programs, physiotherapy, acupuncture, TENS, relaxation or mental techniques. When did you undergo the treatment and how long did it last? Did it help? What effect or objective was achieved and how long did the relief last?

What?	When? How long? How often?	Effect and duration?

Own Treatments and Measurements

Describe what you do yourself to relieve or ease your pain. For example, stretching, walking, exercise, TENS device treatment, relaxation or any home remedies. What are you doing? When, for how long and how often? What effect does it have and how long does it last?

What?	When? How long? How often?	Effect and duration?