Pain Diary for	
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Date & Time	Pain Score (0 to 10)	Where pain is sharp, throbbing	and how it feels (ache, g, shooting, tingling, etc.)	What I was doing when it began	Name and amount of medicine taken	Non-drug techniques I tried	How long the pain lasted	Other notes
	0 No pain	1	2 3	4 5 Moderate pain	6 7	8 9	10 Worst pain you've ever ha	d

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