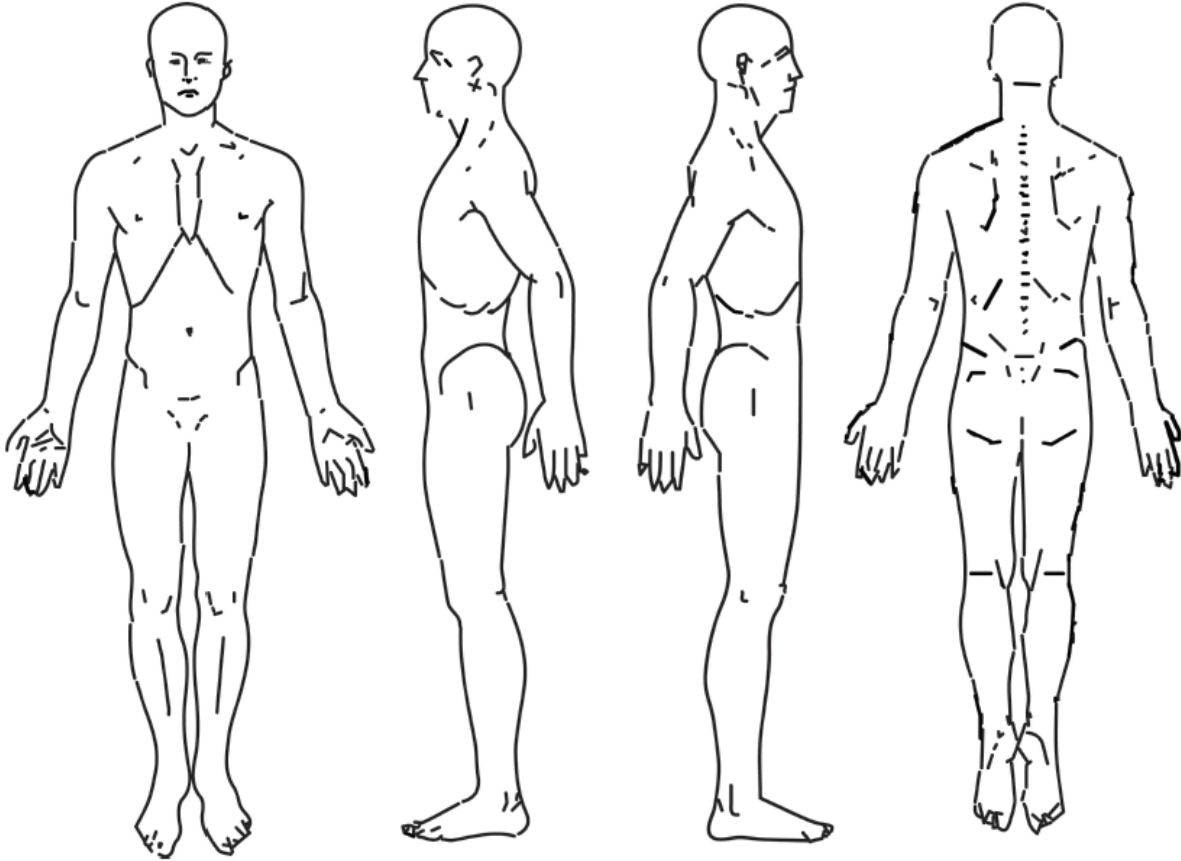


Feel Better Every Day – Pain Log

Survey Date: _____ Name: _____

Injection Date: _____



Instructions

Please mark off areas of your pain on the diagram above. Please use the following symbols of the pain diagram to accurately describe your condition:

PPP Where you experience Pain

BBB Where you experience Burning

NNN Where you experience Numbness

CCC Where you experience Cramping

TTT Where you experience Tingling

Next to each mark place a number based on the scale on the back. It helps to not look at the earlier forms when filing out the new ones and also filling out the forms at the same time of day.

Please note how many and what kind of pain medication you are taking each time. Also note how you feel in general – use a number based on the scale on the back. Make sure to make copies for each member of your family that is participating in your evaluation.

Feel Better Every Day – Pain Log

Survey Date: _____ Name: _____

Age: _____ Diagnosis: _____ Gender: _____

.....
Pain Level



0 1
No Pain

2 3

4

5

6

7

8

9 10
Worst Pain

.....
Stress



0 1
No Stress

2 3

4

5

6

7

8

9 10
Very Stressed

.....
Exercise



0 1
Daily Exercise

2 3

4

5

6

7

8

9 10
No Exercise

.....
Activity



0 1
Normal Activity

2 3

4

5

6

7

8

9 10
No Activity

.....
Sleep



0 1
Fully Rested

2 3

4

5

6

7

8

9 10
Poor-Quality Sleep

.....
Surgeon Notes: _____
