



NORTHSHORE INTEGRATIVE HEALTHCARE

Phone: 847-920-4NIH (4644)

www.northshoreintegrativehealthcare.com

Pain Diary

Monday
Date
Time 1:
Time 2:
Time 3:

Describe situation	Physical sensation (0 -10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
↓	↓	↓	↓	↓	↓
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
Total		Total			
Average		Average			

Tuesday
Date
Time 1:
Time 2:
Time 3:

Describe situation	Physical sensation (0 -10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
↓	↓	↓	↓	↓	↓
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
Total		Total			
Average		Average			

Wednesday
Date
Time 1:
Time 2:
Time 3:

Describe situation	Physical sensation (0 -10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
↓	↓	↓	↓	↓	↓
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
Total		Total			
Average		Average			

Thursday
Date
Time 1:
Time 2:
Time 3:

Describe situation	Physical sensation (0-10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
↓	↓	↓	↓	↓	↓
Total		Total			
Average		Average			

Friday
Date
Time 1:
Time 2:
Time 3:

Describe situation	Physical sensation (0-10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
↓	↓	↓	↓	↓	↓
Total		Total			
Average		Average			

Saturday
Date
Time 1:
Time 2:
Time 3:

Describe situation	Physical sensation (0-10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
↓	↓	↓	↓	↓	↓
Total		Total			
Average		Average			

Sunday
Date
Time 1:
Time 2:
Time 3:

Describe situation	Physical sensation (0-10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
↓	↓	↓	↓	↓	↓
Total		Total			
Average		Average			