

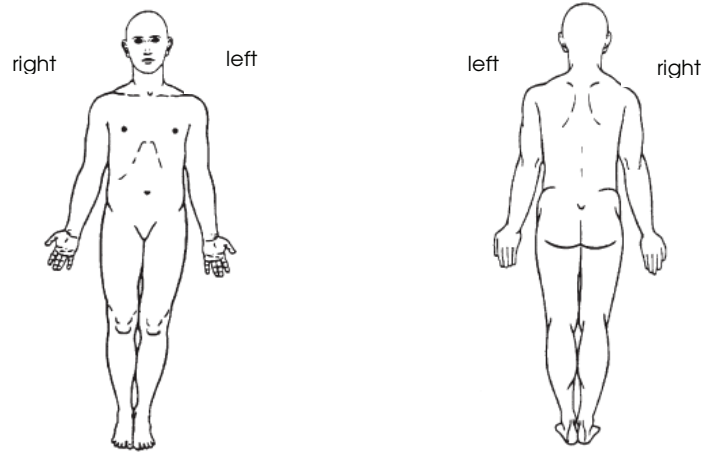
ASSESSMENT OF PAIN

Pain and Inflammation Daily Symptom Diary

Name: _____

Day and date: _____

Today (in the last 24 hours), where have you experienced pain?
Shade the affected areas. Mark the most severe areas with an 'x'



What was the **average pain level** you experienced today (in the last 24 hours)?
Please place an 'x' in the appropriate box.

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain ever

To what degree were your **normal activities impaired** by your pain symptoms today (in the last 24 hours)?

Please place an 'x' in the appropriate box. Completely unable to function normally

Completely normal functioning 0 1 2 3 4 5 6 7 8 9 10

To what degree was your **mood and enjoyment of life impaired** by your pain symptoms today (in the last 24 hours)?

Please place an 'x' in the appropriate box. Severe impairment of mood and enjoyment

Completely normal mood and enjoyment 0 1 2 3 4 5 6 7 8 9 10

How constant has the pain been today (in the last 24 hours)? Please select the box which best describes your symptoms.

Constantly, without stopping, all day
Constantly for most of the day
Constantly for half of the day
Constantly for a small part of the day

On and off, keeps coming and going throughout the day
On and off, occasionally throughout the day
Once or twice during the day

Please comment on any other changes in symptoms (pain, swelling, stiffness, range of movement, ability to do things, etc)

Please note any changes in medication use. Please note carefully, with exact dosage, any increase or reduction in the use of pain relief medication.