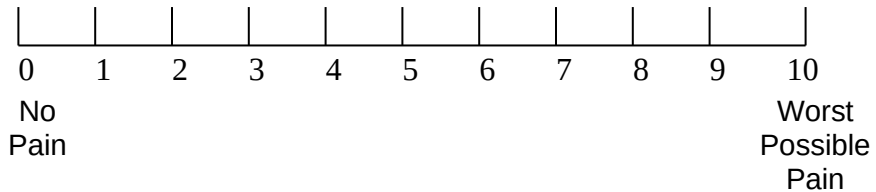


Pain Diary

This is a record of how well your pain is controlled. By using a diary, you will be able to communicate your pain experience more effectively and obtain the best pain control possible. Keep this record until you and your healthcare team find the dose and frequency of medicine that provides satisfactory pain relief for you most of the time. You may also try heat, ice, massage, or something to distract yourself.

My pain rating scale:

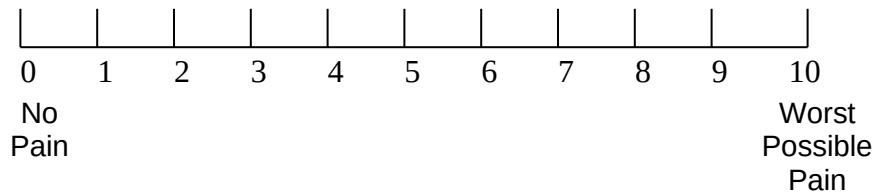


Acceptable level of pain _____ (use the 0-10 rating scale).

Date	Time	Pain Rating (Circle)	What I Did to Decrease Pain	Side Effects (constipation, drowsy, upset stomach)	Pain Rating 1 Hour Later (Circle)
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10

If pain is greater than **4**, or if you have other problems with your pain medicine, please call 732-235-2465 and select the option that best meets your needs.

My pain rating scale:



Acceptable level of pain_____ (use the 0-10 rating scale).

Date	Time	Pain Rating (Circle)	What I Did to Decrease Pain	Side Effects (drowsy, upset stomach, headache)	Pain Rating 1 Hour Later (Circle)
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10

If pain is greater than **4**, or if you have other problems with your pain medicine, please call 732-235-2465 and select the option that best meets your needs.