



Using your pain diary

If you're experiencing pain on a regular basis, but you are struggling to find the cause, keeping a pain diary can help you understand your symptoms. For example, you might notice common triggers or certain times of day when you experience pain. It's a good idea to keep a pain diary so you can show a Pharmacist or share with your GP to find pain relief to suit you.

You can record your pain every week, so that you can remember how you're feeling and make an accurate record of it.

It can also help you understand your levels of pain, how it interferes with your life, the impact on your mood, how it affects your sleep and whether your medication is helping your condition.

All this information can then help you work out the best way to manage your pain, as well as allowing you to relay the information to your Pharmacist or GP to get some further advice.

Age:	
How many days a week do you carry out strenuous physical activities for at least 30 minutes per day?	
What pain do you experience (e.g. joint pain, headache)?	
In the last week, how many different type of painkillers have you taken?	
Apart from painkillers, what other treatments for pain in the last 3 months have you tried (e.g. physiotherapy)?	

Prefer to track your pain daily?

Find our daily pain diary online at [LloydsPharmacy.com/pain](https://www.LloydsPharmacy.com/pain)

DIARY SCHEDULE WEEK 3	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
How would you rate your pain? (where 0 is no pain and 10 is unbearable pain)							
How much has your pain interfered with activities at work, leisure or home?	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely
Have you had trouble sleeping because of your pain?							
Have you noticed anything that might have triggered your pain? This could be what you've eaten, some activity you've done, or what you've come into contact with							
Have you been prescribed any pain relief medication(s), which medicines have you taken and how have you been taking them?	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A
What over the counter painkillers have you used and how often have you been taking them?							
Have you experienced any side effects from your medication? If so, what side effect and what medication							
Has anything you've tried today helped with your pain? E.g. a new treatment or exercise							
How often have you felt cheerful and in good spirits?	a) All of the time b) Most of the time c) More than half of the time d) Less than half of the time e) Some of the time f) At no time	a) All of the time b) Most of the time c) More than half of the time d) Less than half of the time e) Some of the time f) At no time	a) All of the time b) Most of the time c) More than half of the time d) Less than half of the time e) Some of the time f) At no time	a) All of the time b) Most of the time c) More than half of the time d) Less than half of the time e) Some of the time f) At no time	a) All of the time b) Most of the time c) More than half of the time d) Less than half of the time e) Some of the time f) At no time	a) All of the time b) Most of the time c) More than half of the time d) Less than half of the time e) Some of the time f) At no time	a) All of the time b) Most of the time c) More than half of the time d) Less than half of the time e) Some of the time f) At no time

DIARY SCHEDULE WEEK 4	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
How would you rate your pain? (where 0 is no pain and 10 is unbearable pain)							
How much has your pain interfered with activities at work, leisure or home?	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely	a) Not at all b) A little bit c) Moderately d) Quite a bit e) Extremely
Have you had trouble sleeping because of your pain?							
Have you noticed anything that might have triggered your pain? This could be what you've eaten, some activity you've done, or what you've come into contact with							
Have you been prescribed any pain relief medication(s), which medicines have you taken and how have you been taking them?	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A	a) As prescribed b) Less than the amount prescribed c) More than the amount prescribed d) N/A
What over the counter painkillers have you used and how often have you been taking them?							
Have you experienced any side effects from your medication? If so, what side effect and what medication							
Has anything you've tried today helped with your pain? E.g. a new treatment or exercise							
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What to do next

Now that you've filled in your diary for a full month, you can use it in a few ways to help better manage your pain.

1

Identify triggers:

If you've been making a note of what seems to trigger your pain, you can look for patterns. For example, if you've noticed you always get a headache after eating certain foods, you can try to cut them out of your diet to avoid them. Or, if you've noticed you seem to get headaches during a certain period of time, you can be prepared with a plan to help you manage your pain.

2

Talk to your Pharmacist or GP

Now that you've filled in your diary, you might find it helps fuel conversations with your Pharmacist or GP when discussing your pain. It can help them notice how your pain levels are impacting your life, if it's impacting your sleep or if you're regularly experiencing a certain side effect from your medication.

3

Find new ways to manage your pain

Have you been trying out a new way to help with your pain, perhaps you've tried going for a gentle walk to help with your joint pain, or you're eating at certain times of the day to help reduce headaches or migraines. If you've made a note of what works, you can stick to it.

4

Track your pain long term

Search for the Keele Pain Recorder App on your app store. You can decide how often you want to make a record of your pain levels for, whether that's twice a day or once a week. It can also help you track other aspects of your condition such as your mood over time, sleep disturbance or medication dosage.