



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

Date: _____

Time **Pain** **Activity** **Pain management strategies**
(0-10) (whatever you're doing at this time) (medication, exercises, other pain coping)

6:00			
7:00			
8:00			
9:00			
10:00			
11:00			
noon			
1:00			
2:00			
3:00			
4:00			
5:00			
6:00			
7:00			
8:00			
9:00			
10:00			
11:00			
mid-night			
1:00			
2:00			
3:00			
4:00			
5:00			

Comments: _____

Date: _____

Name: _____

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1:00			
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5:00			



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- Write in this diary:
- every time you take pain medication and again 60 minutes later. Include the name of the medication (abbreviations are fine) and how much you took.
 - whenever you use a non-medication approach to relieve pain.
 - any time your activity significantly increases or decreases your pain.
 - at least at mealtimes and bedtimes, if nothing else is going on.