Patient Name: **Date Given:**

This pain journal MUST be turned in every month in order to receive your new narcotic medication prescription.	Medications:

Dear Patient,
In an effort to better assess your pain on a daily basis, please use this diary to record how you feel. Your own self-assessment is the best way for your physician to evaluate the effectiveness of your pain management program.

Please also take the time to record the date, time, and activity related to any incident pain that you experience.

Date:	Time:	Daily Activities:	Rate your pain on a scale of 0-10*	Medication and dosage taken for breakthrough pain (if applicable):	Comments:
1/17/2004	3pm	Cleaned House	8	Kadian 30mg, 2 Skelaxin 400mg	Feeling better overall

*0 = No Pain, 10 = Worst Possible Pain

Reviewed by physician: Date: