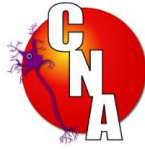


# Calgary Neuropathy Association Pain Journal

Developed by  
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[WWW.CALGARYNEUROPATHY.COM](http://WWW.CALGARYNEUROPATHY.COM)

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## HOW TO BEST USE THIS JOURNAL?

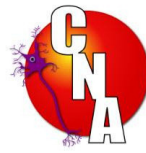
Keeping a pain journal can be a great tool for you to use to help manage your pain symptoms. It helps you gain a better understanding of your pain, and can be a cathartic way to deal with the negative feelings associated with the discomfort.

There is no right or wrong way to use this journal! If you find that some questions are irrelevant to your pain story, or you are not finding value in it, then you can skip over it (although it's recommended that you attempt to complete it before ruling it out). Whichever way you choose to use this journal, make sure that you find the best method that works for you. Keep the journalling consistent and choose a time that is convenient and free of distractions. Also, try to be as descriptive as possible because the more detail, the better.

Interested in learning more about the benefits of pain journaling?

Check out the CNA article to learn more:

<http://calgaryneuropathy.com/47-journaling/>

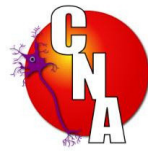


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**Where is the pain located?**

**Describe the intensity of the pain & rate it out of 10**

**When did the pain start and describe what you were doing prior to the onset of the pain**

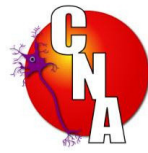


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**How long does the pain last?**

**What are activities or actions that help alleviate the pain?**

**Are there any other associated symptoms?**

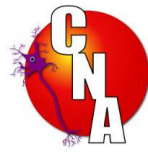


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**How often do you feel the pain?**

**Did you take any medications or alternative therapies to reduce the pain? If so, what were they and did they help?**

**Does the pain radiate/spread to any other body part?**



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**Describe how the pain interferes with activities that you may usually do (or wish to do) i.e. walking, cooking**

**If someone asked you to describe your pain, what would you tell them i.e. is the pain sharp, dull? Be descriptive as possible**

**What are your thoughts and feelings surrounding the pain?**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Location of the pain (i.e. knee, hand, foot)							
Pain duration	Start time:  End time:						
Possible triggers (i.e. stress, movement)							
Pain level (0-10)							
Describe the pain (i.e. stabbing, dull)							
Pain Relief (i.e. swimming, massage, Tylenol, hot bath)	Exercise:  Alt. Therapy:  Meds:  Self-Care:						