

Activity 2.4: Daily Pain Diary

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	<i>Sept. 17th</i>							
Time of Day	<i>8am</i>							
Pain Scale Number	<i>4</i>							
Name of Pain Medication	<i>Medication 1</i>							
	<i>Medication 2</i>							
Amount of Medication Taken (Dose)	<i>x.xx milligrams</i>							
	<i>x.xx milligrams</i>							
Pain scale number 30 minutes after taking the medication	<i>2</i>							
What made the pain better today?	<i>Taking my pain medication Applying heat</i>							
What made the pain worse today?	<i>Sitting for too long</i>							