MJA Healthcare P.C. Pain Center

Dr. Mikhail Artamonov, MD
391 East Brown Street
East Stroudsburg, PA 18301
P: 570-872-9800
F: 570-872-9888

My Pain Diary

Name:

Fill in the boxes using the Numerical Scale of:

0 = Less Pain ⟷ 10 = More Pain

Week Ending _____ / _____ / _____	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning: Overall Pain Level							
Afternoon: Overall Pain Level							
Evening: Overall Pain Level							

Physical Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
How well did I sleep?							
How weak do I feel?							
How dizzy / lightheaded do I feel?							
Are my bowel movements normal?							
Is my urination output normal?							
What are my exercise levels?							

Cognitive/Emotional Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
How is my thinking ability?							
How anxious do I feel?							
How depressed / frustrated am I?							
How angry / irritable am I?							
How happy am I?							
What are my exercise levels?							

Possible Exacerbating Conditions	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Is the weather affecting me?							
Is the humidity affecting me?							
Have I done too much?							

Comments/Notes: