



BURNING NIGHTS CRPS SUPPORT PAIN DIARY TEMPLATE

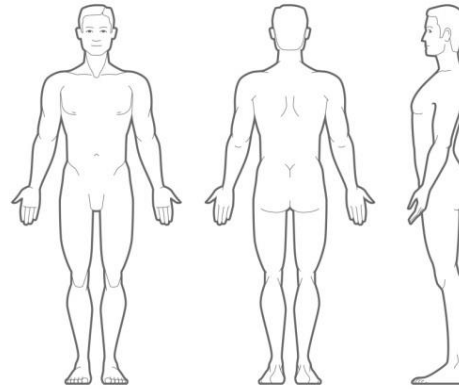


Date & Time pain started	Where in the body do you feel the pain? (<i>note 1</i>)	Intensity of the pain 0-10 (<i>note 2</i>)	What does the pain feel like? (<i>note 3</i>)	What were you doing when you felt this pain?	How do you feel? (<i>note 4</i>)	How long does the pain last? i.e. time pain ended	What medication did you take? Inc. dose	Any other strategies used? (<i>note 5</i>)	Notes or Questions for you or doctor (<i>Add more notes below</i>)

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NOTES for FILLING THE PAIN DIARY

Note 1 – This is the image of the body below you could use to describe where your pain is. You could number it or...



Note 2 – 0 being the lowest pain you've ever felt up to 10 the worst pain you've ever felt



0	1 – 2	3 – 4	5 – 6	7 – 8	9 – 10
NO PAIN	Hurts a little bit	Hurts more	Hurts even more	Hurts a Whole Lot	Hurts the WORST Ever!!
HAPPY	MILD PAIN	MODERATE PAIN	STRONG PAIN	SEVERE PAIN	EXCRUCIATING

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Note 3 – Does your pain feel – *burning, sharp, dull, stabbing, deep, on the surface, tight*

Note 4 – Do **you** feel – *tired, upset, depressed, anxious, nervous, bright ...*

Note 5 – Any other strategies used – this simply means did you use anything other than your regular medication. Did you perhaps use distraction techniques, relaxation, exercise, heat pack, talk to a friend or partner, meditation, any techniques used in counselling sessions, massage, rest... The list of possible strategies to try and relieve the pain is endless however these sorts of things are generally used.

Use the table below as a link to the table at the top, for extra notes or questions for Doctor (maybe put a number to correspond to each table in the extra notes box e.g. Did you have any warning signs beforehand? Did your usual medication work? How did you feel after the pain had ended? What was the weather doing? Do you have extra stress?

Date of incident	Extra notes or questions for doctor regarding pain incident