PAIN MANAGEMENT JOURNAL

NOVA DISPENSARY

This pain management journal is a valuable tool for patients dealing with chronic pain. By documenting pain levels, triggers, and treatments, patients can track patterns, identify effective strategies, and communicate experiences to Nova patient advisors for informed discussions and assistance in refining personalized pain management plans.

Pain Questionnaire

NAME _____

DAY/DATE _____

Did you have pain today? [ ] NO [ ] YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain? [ ] NO [ ] YES

What activities? _____

Did you take all of your pain medication today according to instructions? [ ] NO [ ]YES

Even though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain? [ ] NO [ ] YES

How many times did this happen today?

0 1 2 3 4 5 6 7 8 9 10 more than 10

Did any specific activity start your breakthrough pain? [ ] NO [ ] YES What activities?

What was your average level of pain and symptoms today?

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Cachexia	0 1 2 3 4 5 6 7 8 9 10
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Muscle Spasms	0 1 2 3 4 5 6 7 8 9 10
Agitation	0 1 2 3 4 5 6 7 8 9 10

Other than prescription medicine, did you do anything else today to relieve the pain?
[ ] NO [ ] YES (note any that you used.)

_____ Non-prescription drugs (e.g. acetaminophen, ibuprofen)
_____ Herbal remedies
_____ Hot or cold packs
_____ Exercise
_____ Changing position (such as lying down or elevating your legs)
_____ Physical therapy
_____ Massage
_____ Acupuncture
_____ Rest
_____ Psychological counseling
_____ Talk to a trusted friend, family, clergy
_____ Prayer, meditation, guided imagery
_____ Relaxation techniques
_____ Creative techniques (art or music therapy)
_____ Other (specific chiropractic manipulation, osteopathic treatments, etc.)

Check any of these common side effects that you've noticed after taking your pain medicine.

_____ Dizziness, sleepiness
_____ Nausea, vomiting, upset stomach
_____ Constipation
_____ Lack of appetite
_____ Other (describe):

_____

Did you skip any of your scheduled pain medicines today? [ ] NO [ ] YES: Why?

Did you call your doctor's office or clinic between visits because of pain? [ ] NO [ ] YES

Did you sleep through the night? [ ] NO [ ] YES

If not, how many times was your sleep disrupted?
_____

How many hours did you sleep during the night?
_____

Overall, are you satisfied with your pain management? [ ] NO [ ] YES

Explain what makes you satisfied or not satisfied:
_____

What pain level overall would you find acceptable? 0 1 2 3 4 5 6 7 8 9 10

See your doctor immediately if you have any negative issues from your condition or problems with treatment.

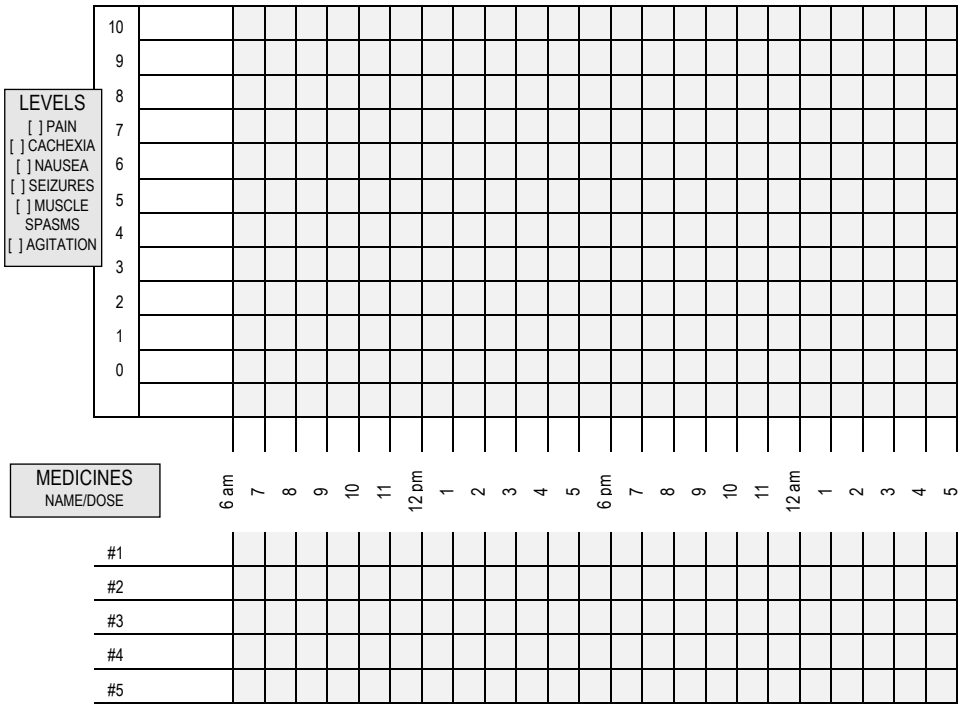
Updated 3/26/2019

Daily Pain and Symptoms Diary

NAME _____

DAY/DATE _____

Connect the points on your daily pain chart so your medical team can see when and why your pain level changed. Use different colored pens to track multiple symptoms.



MEDICINES
NAME/DOSE

#1

#2

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NON-DRUG THERAPIES (other than prescriptions or other medicines)

ACTIVITIES AND EXERCISE

COMMENTS AND MORE INFORMATION

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Overall, are you satisfied with your pain management? [ ] NO [ ] YES

Explain what makes you satisfied or not satisfied:
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What pain level overall would you find acceptable? 0 1 2 3 4 5 6 7 8 9 10

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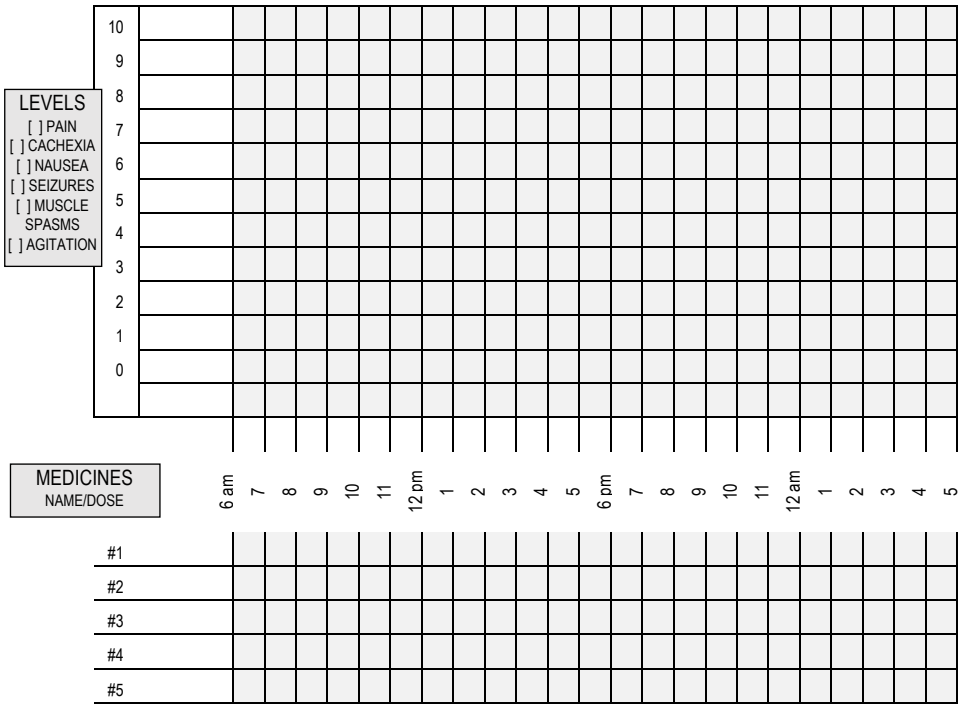

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Explain what makes you satisfied or not satisfied:
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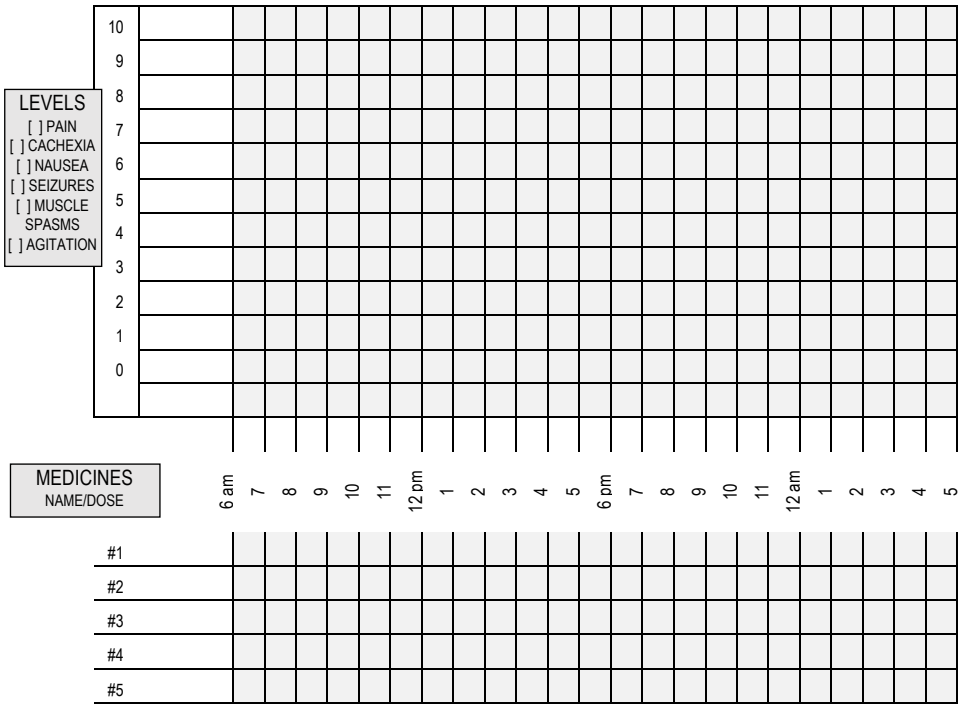

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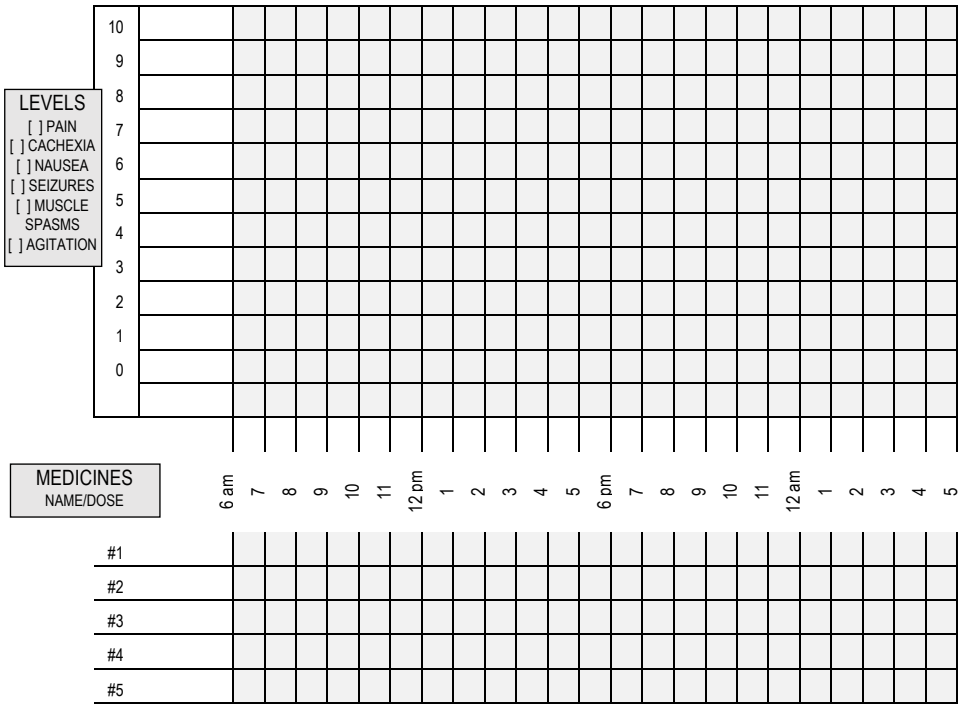

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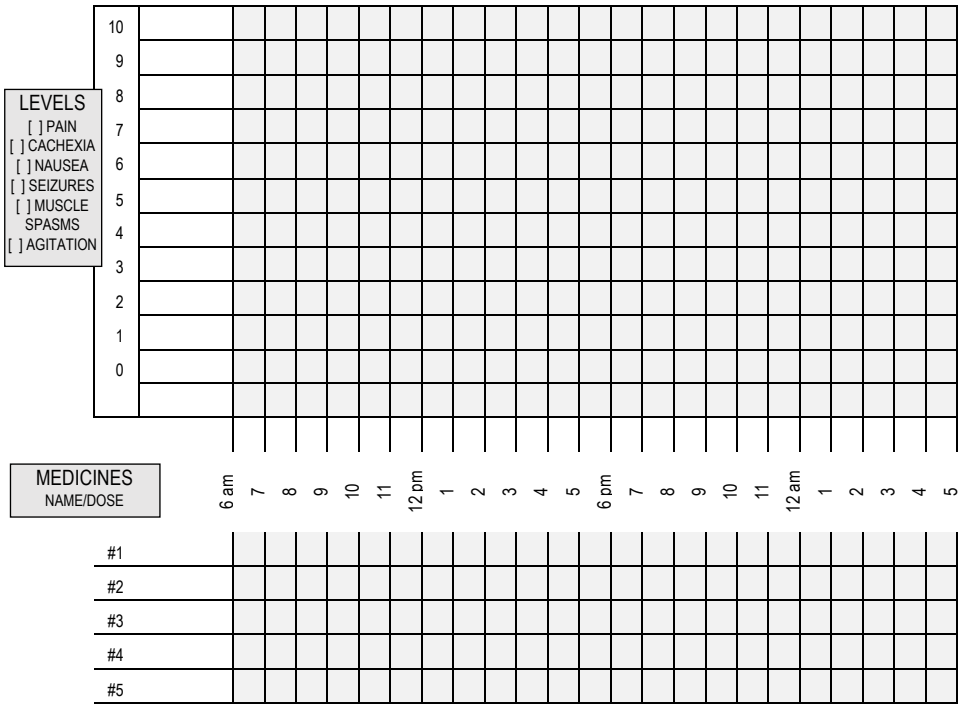

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NOVA

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