MJA Healthcare P.C. Pain Center

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Fill in the boxes using the Numerical Scale of:

0 = Less Pain 10 = More Pain

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**My Pain Diary**

Name:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: