TARGET Chronic Pain NOTEBOOK

Taking Charge of Your Pain Care

American Pain Foundation

A United Voice of Hope and Power over Pain

ABOUT THE AMERICAN PAIN FOUNDATION

Founded in 1997, the American Pain Foundation (APF) is the nation's leading independent non-profit 501(c)3 organization serving people with pain. Our mission is to improve the quality of life for people with pain by:

- Raising public awareness
- Providing practical information, education and support
- Advocating to remove barriers and increase access to effective pain management
- Promoting research

USING YOUR PAIN NOTEBOOK

This easy-to-use Pain Notebook was created to help you record your pain experience (when it occurs, for how long, the level and type of pain, possible triggers, etc.), its impact on day-to-day life (what activities you can or cannot do), and how you respond to various treatments over time, including side effects and improvements in daily function and emotional wellness.

Finding the right combination of treatments to relieve pain can take time and patience. By keeping track of what makes your pain better or worse, you will help your healthcare team find the best treatment approach for you. Plus you'll be playing a more active role in your care, which can help you stay positive and feel in control.

INSIDE YOUR NOTEBOOK

Pain is different for everyone.

Take the time to describe the intensity of your pain and how it interferes with your daily life and functioning. Use this Notebook to keep track of your pain journey and share important information with your healthcare providers and loved ones.

TARGET YOUR CHRONIC PAIN

Get started! Share important information with your healthcare provider.

Talk to your healthcare providers about pain.

- Where is your pain located?
- Is there something different about this pain?
- What does it feel like (e.g., sharp, dull, burning)?
- When did it begin? How long does it last?
- What is your level of pain most of the time (using your pain scale)?
- When is your pain the worst/best? What makes it better or worse?
- What is your pain level when you rest? During movement or activity?

Ask about treatments.

- What treatments have you tried previously to relieve the pain?
- What medications are you currently taking (e.g., prescription, over-the-counter)? At what dose?
- What medications have you tried in the past that have not worked or had side effects?
- What nondrug therapies do you use (e.g., acupuncture, heat/cold, massage)?
- How well do these therapies work?

Rate your pain treatment options by weighing the risks and benefits.

- Do you expect a reduction in pain or complete pain relief?
- Are you wanting and willing to become more active as pain is reduced?
- Have you had negative experiences with previous pain treatments?
- Have you had past allergic reactions to medications used in treating pain?
- Do you have difficulty with your memory or ability to keep a routine schedule?
- Have you had difficulties following medical orders in the past?
- Do you have a personal or family history of substance abuse or mental illness?
- Do family members or friends with a history of substance abuse, criminal background or mental illness have easy access to your home, workplace or secured locations?

Get details about breakthrough pain.

- Do you have breakthrough pain—sudden, brief periods of increased pain?
- How often do you experience BTP on an average day?
- Do certain activities cause the pain or does it happen unexpectedly?
- Have you been treated for BTP? With which medicines?

Explain any limitation to your daily activities.

- What daily activities do you avoid because of your pain (e.g., hobbies, shopping, exercise)?
- Does pain interfere with your ability to sleep/walk/work/play?
- How does pain affect your mood and relationships?

Talk about side effects.

- Are you experiencing side effects from pain medicines (e.g., constipation, drowsiness, nausea, itching)?
- What are you doing to decrease or prevent these side effects?
- Have you had past allergic reactions to medications used in treating side effects?

HOW TO USE MY PAIN NOTEBOOK

Use your Pain Notebook in a way that is most helpful to you. While you don't have to complete all of the sections provided, it's important to use your Pain Notebook every day—especially on the days you are most in pain. Your Notebook will help you record important information about your physical and emotional comfort that will help your medical team find the most effective ways to treat your pain. It will also help you communicate with loved ones about what your pain feels like and how it is interfering with certain activities and your enjoyment of life.

REMEMBER: You are the expert on your pain.
And you have the right to have your pain treated.

Keep your Pain Notebook in a convenient place that's easy to remember, and bring it with you to your appointments. It can help guide discussions with your healthcare provider. A companion TARGET Chronic Pain card is also available at www.painfoundation.org for healthcare providers to use to help support optimal pain care. These materials are designed to work together with your notebook to help improve communication between you and your healthcare provider.

Find a comfortable place to sit. Write down as much information as you can think of about your pain. Inside your Notebook you will find tools to help you track your pain and pain management, including pages to help you write down:

- Your personal pain scale
- Members of your healthcare team
- Questions for your healthcare provider
- Prescription medications, over-the-counter drugs, supplements and herbal remedies that you take
- Ways to cope with and ease pain during a flare up
- Your daily pain experience and level of functioning

Need more pages?
If you need additional pages, visit the American Pain Foundation's web site at **www.painfoundation.org** to print additional pages.

EACH TWO-PAGE DAILY SECTION (STARTING ON PAGE 15) OF YOUR NOTEBOOK HAS THREE PARTS:

1 The first section, the **Daily Pain Chart**, helps you create a visual picture of your daily pain experience. Follow your pain level throughout the day choosing several times that fit your routine; for example, when you get in or out of bed, eat meals, take medicines, get the mail or go for a walk. Make a mark that corresponds to your pain level at these times. For example, if you wake at 7 a.m. and your pain is a 6, place an X where 7 a.m. and 6 intersect on the pain scale. There is an example for you to follow on pages 13 and 14.

2 The second section, the **Daily Pain Log**, is where you can record information about your pain—whether it's intermittent, persistent, or breakthrough (see page 6 for descriptions of these types of pain)—treatments, and side effects. Also record days that you have no pain. In addition, use this section to look at how you are dealing and coping with pain. What has helped you most? What is not working?

3 Make additional notes in this section to record pain producing activities, as well as times of pain relief. Also keep a record of things you did to relieve your pain. You can draw lines from the events on the Chart to explanations in the Log to show why pain levels went up or down.

Then, at the end of the day, use the **Daily Pain Summary** to give an overview of your pain for the day. Using all of the sections will give your medical team the best description of how your pain changes throughout the day. If it's easier for you to complete one part only, that's okay. The important thing is to track your pain each day. If you are unable to complete a page every day, find someone to help you with the task at least one week. This will still give your medical team an idea of changes in your pain over time. This information also may help your care team adjust your treatment.

For more information about pain, visit APF's web site at www.painfoundation.org.

Here you will find information about the causes of pain, treatment options, how to search for trained specialists, peer support and resources to help you cope with pain. APF's web site also provides links to more than 200 carefully selected web sites on pain and related topics.

WHY MANAGING MY PAIN IS SO IMPORTANT

If you suffer with chronic pain, "sharp," "stabbing" and "aching" are probably part of your daily life. If untreated or undertreated, pain can negatively impact every aspect of your life. Chronic pain can lead to depression and anxiety, loss of sleep and productivity, inability to work, problems in your relationships, weakness and fatigue. What had been simple tasks, such as making the bed, grocery shopping or dressing, may be difficult because they now aggravate your pain.

Unfortunately, too many people with chronic pain are uncomfortable acknowledging and accepting their condition. Chronic pain is not visible to others and it remains poorly understood by patients, families and providers. This can lead to isolation, embarrassment about its ongoing and unpredictable nature, and feelings of failure for not getting better. It's so important to stay connected to others. Think about joining a support group to reach out to others who understand. **PainAid** is APF's online support forum featuring 10 live chats a week and more than 200 message boards. Go to www.painfoundation.org to join.

Understanding that chronic pain is not just a symptom, but a debilitating disease in itself is a new way of thinking. Until recently, pain was considered only as a symptom of a disease or condition, or just a natural part of aging. But we know that ongoing pain is harmful to the body. **Pain should never be ignored.** It should be assessed thoroughly and treated early and aggressively. This is the best way to minimize the suffering and disability often associated with undertreated pain. **When pain is managed, stress is reduced, and the body heals faster.**

When people with pain work together with their healthcare team and take an active role in their pain management, they get the best results possible—less pain and more involvement in life. So, use your Pain Notebook everyday.

If you are suffering with chronic pain you may feel isolated and discouraged, and wonder if you'll ever find a way to relieve your pain. **The first step to achieving good pain relief begins with you.** Learn to understand the ups and downs and ins and outs of your pain experience and how it impacts your life.

The goal of pain management is to reduce your pain levels and help you get back to living and enjoying life again. If you're not having success, you may want to consider seeing a pain specialist. The American Pain Foundation's *Pain Resource Guide: Getting the Help You Need* provides important information about pain and tips to assist you in getting the quality pain care you deserve.

Visit www.painfoundation.org for more information.

TYPES OF PAIN

Understanding the different kinds of pain that you may be experiencing (and the terms used to describe them) will help you to better communicate with your medical team.

- **Acute Pain** comes on suddenly, usually from an injury or surgery. It can usually be treated and lasts for a short period of time.

- **Chronic Pain** lasts beyond the usual healing time for an illness or injury. It can last from months to years. At times it can go away completely, or it can remain constant.

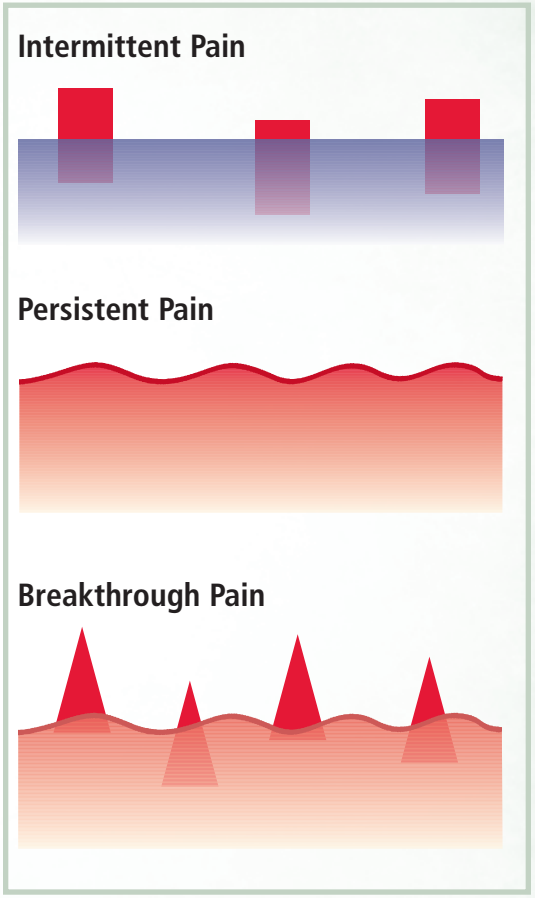
  There are a few different types of chronic pain.

  Intermittent Pain is episodic. It may occur in waves or patterns. Mild-to-moderate intermittent pain is often treated with nonsteroidal anti-inflammatory drugs (NSAIDs), adjuvant medicines, and nondrug therapies. Moderate-to-severe intermittent pain may be treated with short-acting opioids (strong pain medications).

  Persistent pain lasts 12 or more hours every day for more than three months. It is usually treated with medicine that you take at specific times every day so that you get pain relief throughout the day. Moderate-to-severe pain may be treated with opioids.

- **Breakthrough Pain** comes on quickly or "breaks through" the medicine you are taking to relieve your persistent pain. It can occur many times during the day. This type of pain can be treated with specific medicines used as you need them to get quick pain relief.

- **Pain Flares** are short-term increases in one's usual level of pain. This pain suddenly erupts or emerges with or without an aggravating event or activity.



What's the difference between breakthrough pain and flares?

With BTP, pain emerges from a state of analgesia (pain relief) in which pain medications re already being used. Pain flares are periodic increases in one's usual level of pain that can occur independently of using pain medications.

For detailed information about specific therapies within each of these treatment areas, visit the American Pain Foundation's web site, www.painfoundation.org, to download or order *Treatment Options: A Guide for People Living with Pain.*

HOW TO BEST COMMUNICATE WITH MY HEALTHCARE TEAM

Good pain management starts with good communication between you and your healthcare provider. This Notebook will show you how to work together.

You and the members of your healthcare team are partners in managing your pain. Here are some tips to help that partnership work well:

Be prepared and organized.
Use your Pain Notebook as much as you can. It will give your medical team valuable information about your pain experience between office or clinic visits.

Write down your questions and take notes.
List your most important questions and concerns first. Bring this list to the healthcare provider's office or the clinic, and take notes as each is answered. Think about bringing a trusted family member or good friend with you to take notes. The stress of a medical visit sometimes makes it easy to miss important information. On page 9 you'll find a form to write down questions or concerns you have for your healthcare provider.

Be honest and open. Don't hold back.
Remember: You have the information your medical team needs to be able to relieve your pain. You have no reason to be embarrassed or afraid to talk to your medical team. They will take the time to listen to your concerns. If you have a personal or family history of addictive disease or mental illness, tell you healthcare provider so he or she can tailor a pain management plan that is right for you.

Make sure you understand all instructions and explanations.
If something isn't clear, ask your healthcare provider to explain it again in a different way until you're sure you understand. Before you leave, repeat what you heard back to the person who gave you the instructions. This is a final check to make sure you understand all the details and that your notes are accurate.

Follow the agreed treatment plan.
Don't make changes without checking with your healthcare provider. If the plan isn't working well, call the office or clinic as soon as possible and explain the problem.

Know the difference between tolerance, physical dependence and addiction.
Tolerance refers to the situation in which a drug becomes less effective over time.

Physical Dependence means that a person will develop symptoms and signs of withdrawal (e.g., sweating, rapid heart rate, nausea, diarrhea, goosebumps, anxiety) if the drug is suddenly stopped or the dose is lowered too quickly.

Addiction refers to a condition when a person has lost control over use of the drug and continues to use it even when the drug is doing them or others harm. People who are addicted engage in unacceptable behaviors like obtaining pain medications from non-medical sources or altering oral formulations of opioids.

Unless you have a past or current history of substance abuse, the chance of addiction is very low when these medications are prescribed by a doctor and taken as directed. Ask your provider what you should watch for when taking opioids.

Make sure to keep your prescription pain relievers in a safe and secured location. For tips on safely storing and taking your medication, check out the American Pain Foundation's *Pain Resource Guide: Getting the Help You Need.*

MY HEALTHCARE TEAM

Write down your healthcare providers' names and contact information. This will make it easier for you and your loved ones to communicate with your healthcare team. If you consult multiple healthcare providers, you may want to write down who you see, for what reason and how often.

HEALTHCARE PROFESSIONAL	NAME	PHONE	E-MAIL* *(if applicable)*
Primary Care Physician			
Pain Specialist			
Nurse			
Social Worker			
Pharmacist			
Other			
Pharmacy			
24-hour Pharmacy			

**If you choose to e-mail your healthcare provider, keep it brief (no more than 100 words) and be specific about your concerns (e.g., clarification about a prescription, occurrence of side effects, etc.). Note: your provider will not be able to diagnose problems by e-mail.*

Take note of other resources you turn to for pain relief (e.g., chiropractor, massage therapist, nutritionist, fitness center):

Remember, YOU are a central part of your healthcare team.

Visit **www.painfoundation.org** to print additional pages.

QUESTIONS FOR MY HEALTHCARE PROVIDERS

Write down questions or concerns you have for your healthcare provider. Use the space provided to take notes during your visit so you can refer to them later.

Appointment with: _____
(Provider's Name)

Date: _____

Primary Reason(s) for Visit: _____

Symptoms/Medical problems you are having: _____

List of questions/concerns:

1. _____

Answer: _____

2. _____

Answer: _____

3. _____

Answer: _____

Visit **www.painfoundation.org** to print additional pages.

MY MEDICATIONS

Make a list of all the medications you are currently taking, including over-the-counter drugs (e.g., aspirin, ibuprofen, cough, cold and allergy products that may contain these), dietary supplements (e.g., vitamins) and other herbal remedies (e.g., St. John's wort, ginkgo). It's important to write down dosages, as well as the purpose of each medication.

Keep this list up-to-date by adding new medications and drawing a line through those you are no longer taking. Take your list with to you to each doctor's visit to help you remember which medications you're taking. Some herbs and medications can be dangerous when mixed with other over-the-counter or prescription pain medications. Don't stop any medications or skip doses without talking with your healthcare provider first.

PRESCRIPTION MEDICATIONS

Drug name	Reason taken	Dose	How often you take it

OVER-THE-COUNTER MEDICINES, SUPPLEMENTS AND HERBS

Drug name	Reason taken	Dose	How often you take it

Visit **www.painfoundation.org** to print additional pages.

MY PAIN SCALE

Use the space below to work through and define your personal pain scale. Two different pain scales are provided. Use whichever one you think is most helpful. Include words that help describe your pain (e.g., sharp, stabbing, tugging, burning).

Numeric Rating Scale

0	1	2	3	4	5	6	7	8	9	10
(no pain)										(unbearable/ worst pain ever)

Wong-Baker FACES Pain Rating Scale

From Hockenberry MJ, Wilson D, Winkelstein ML: *Wong's Essentials of Pediatric Nursing*, ed. 7, St. Louis, 2005, p. 1259. Used with permission. Copyright, Mosby.

Visit **www.painfoundation.org** to print additional pages.

EASING PAIN DURING A FLARE UP

Pain flare ups can disrupt your life. If you're like other people living with pain, these flare ups can leave you feeling helpless and deflated. After doing so well, you're now overcome with pain and questioning whether you can muster the strength to get through it. Remind yourself that you've been here before and you have figured out ways to cope. Maybe it's calling your pain buddy—your anchor when you need support—praying, doing visualization exercises, basking in the unconditional love of a pet, watching a comedy or listening to your favorite music.

At the very least, mark this page so that next time you have a pain flare up you can read or say the following out loud:

You are strong. You will get through this. Remember, you've done it before.

Understanding what might trigger pain flares and taking note of what has worked in the past to help ease your pain is very important. Take a few minutes to jot down things that seem to cause your pain episodes, as well as steps you can take get relief.

MY PAIN TRIGGERS (e.g., heavy exercise, lifting, sitting in one place for too long):

EASING PAIN FLARES

DATE	WHAT I DID?	DID IT WORK?	HOW DID I FEEL?

Visit **www.painfoundation.org** to print additional pages.

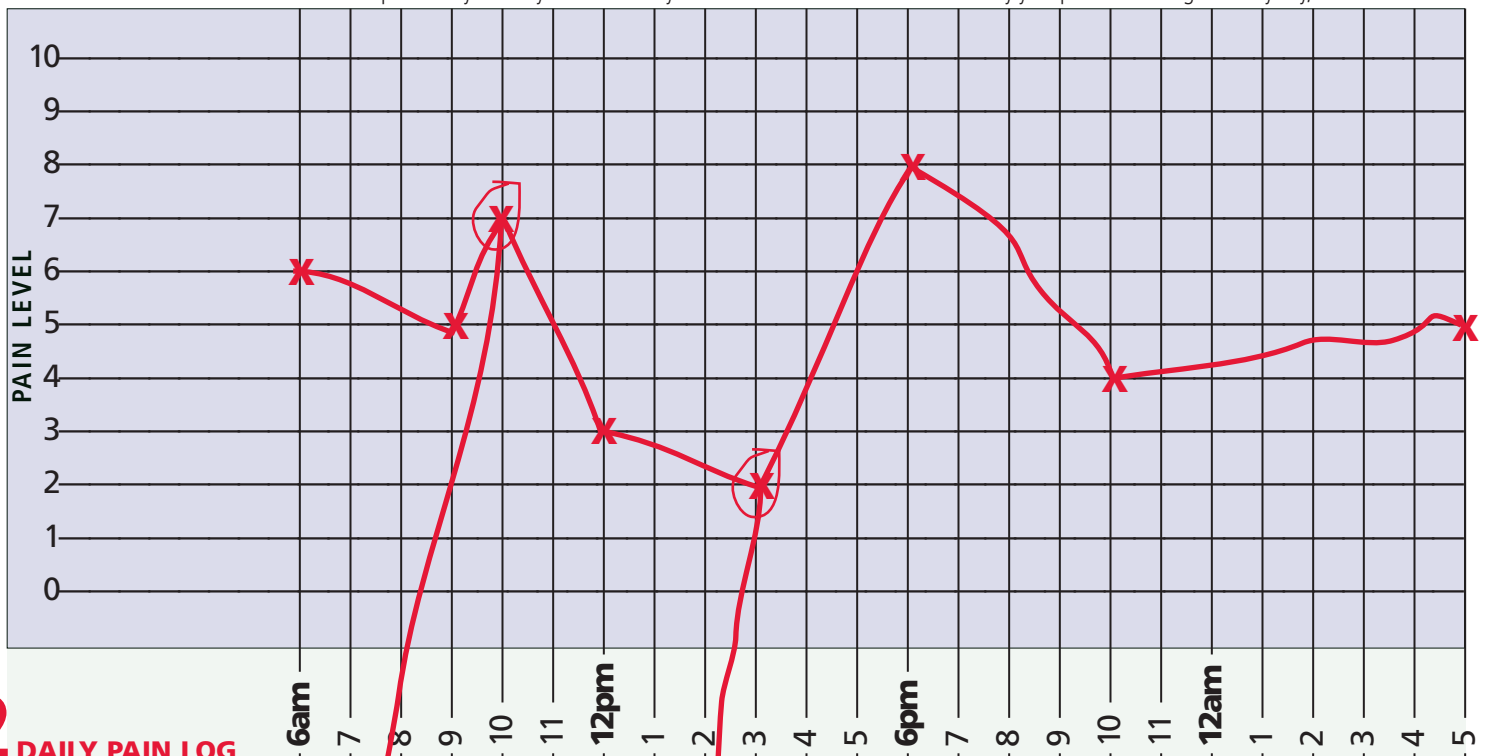
Name Jane Doe

Day Thursday

Date December 9, 2007

1 DAILY PAIN CHART

Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



2 DAILY PAIN LOG

MEDICINES: NAME/DOSE (insert # of pills taken)

#1 Morphine (30 mg every 12 hours) — 1 at 6am, 1 at 6pm

#2

#3 Tylenol (every 6 hours as needed) — 2 at 12pm

#4

#5

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

hot bath

ACTIVITIES/EXERCISE

walked dog

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

I forgot my morning medicine. I did a little too much yesterday and had to take it easy today.

I felt a little sad today, but was able to reach a friend to talk. My pain is pretty well under control,

but I need help with my breakthrough pain.

Name Jane Doe

Day Thursday

Date December 9, 2007

3 DAILY PAIN SUMMARY

Did you have pain today? ____NO __X__YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

__X__NO ____YES: **What activities?**

Did you take all your pain medicine today according to instructions? ____NO __X__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

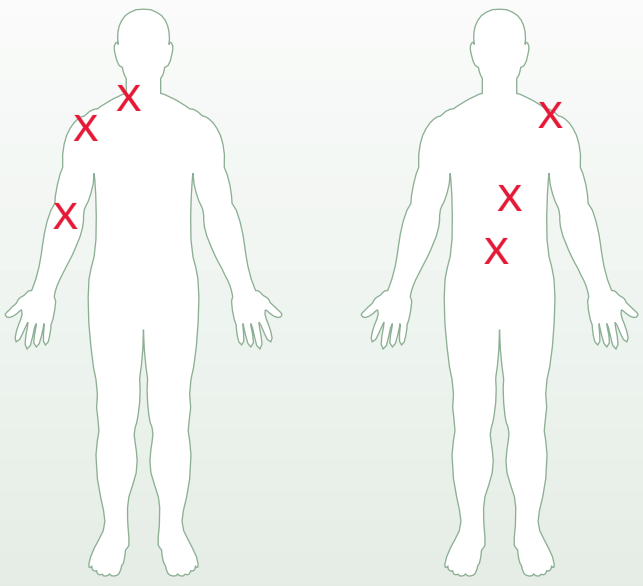
How many times did this happen today?

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

Did any specific activity start your breakthrough pain?
____NO __X__YES: **What activities?**

walking my dog

Put an "X" on the body diagram to show each place you've had pain today.



What was your average level of pain today?

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 __X__YES **(Note any that you used.)**
__X__ Non-prescription drugs (e.g., acetaminophen, ibuprofen)
____ Herbal remedies
__X__ Hot or cold packs
____ Exercise
____ Changing position (such as lying down or elevating your legs)
____ Physical therapy
____ Massage
____ Acupuncture
____ Rest
____ Psychological counseling
____ Talk to trusted friend, family, clergy
____ Prayer, meditation, guided imagery
____ Relaxation technique (hypnosis, biofeedback)
____ Creative technique (art or music therapy)
__X__ Other (e.g., specific chiropractic manipulation, osteopathic treatments):
took a hot bath

Check any of these common side effects that you've noticed after taking your pain medicine.
__X__ Drowsiness, sleepiness
____ Nausea, vomiting, upset stomach
____ Constipation
____ Lack of appetite
____ Other (describe):

Did you skip any of your scheduled pain medicines today? ____NO __X__YES: **Why?** I forgot

Did you call your doctor's office or clinic between visits because of pain? __X__NO ____YES

Did you sleep through the night? __X__NO____YES

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

How many hours did you sleep during the night?
about 6 hours

Overall, are you satisfied with your pain management?
__X__YES ____NO **(Explain what makes you satisfied or not satisfied. Use Log section.)**

What pain level overall would you find acceptable?

0 1 (2) 3 4 5 6 7 8 9 10

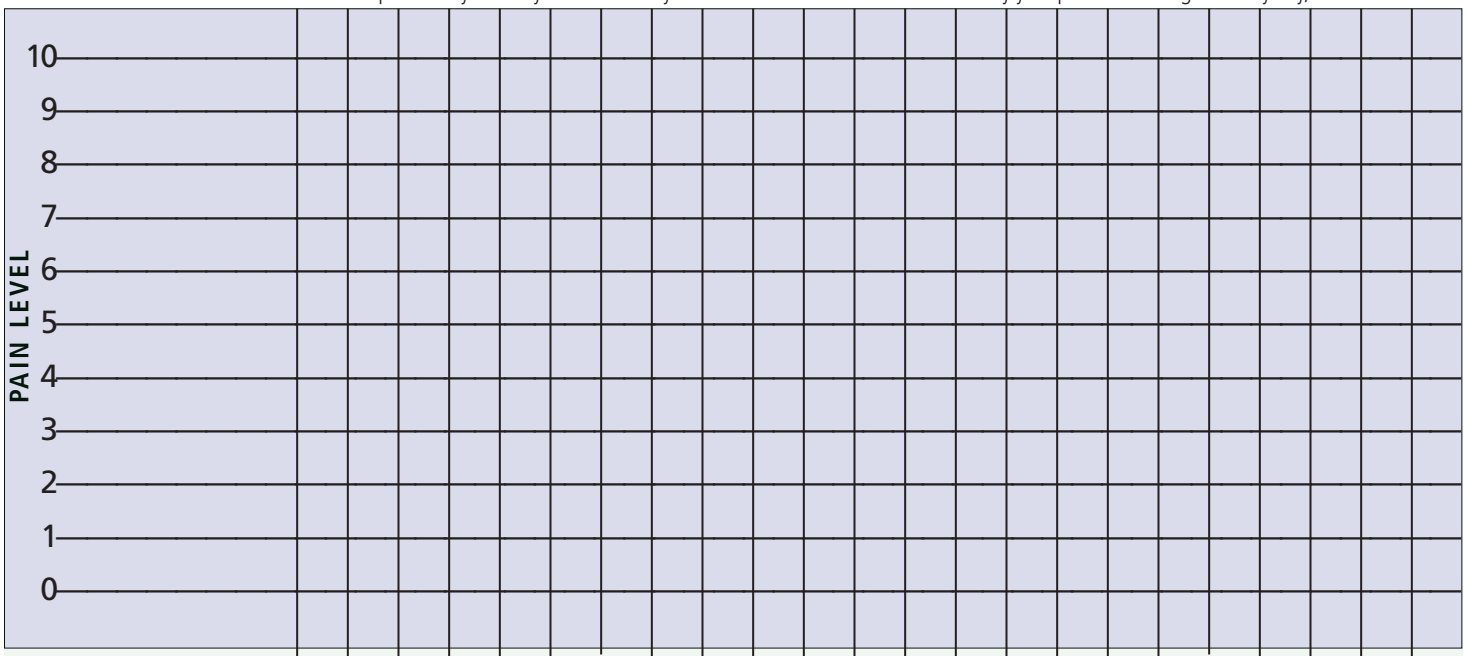
Name _____

Day _____

Date _____

1 DAILY PAIN CHART

Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



2 DAILY PAIN LOG

MEDICINES: NAME/DOSE
(insert # of pills taken)

#1

#2

#3

#4

#5

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

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

Date _____

3 DAILY PAIN SUMMARY

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 your pain medicine 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

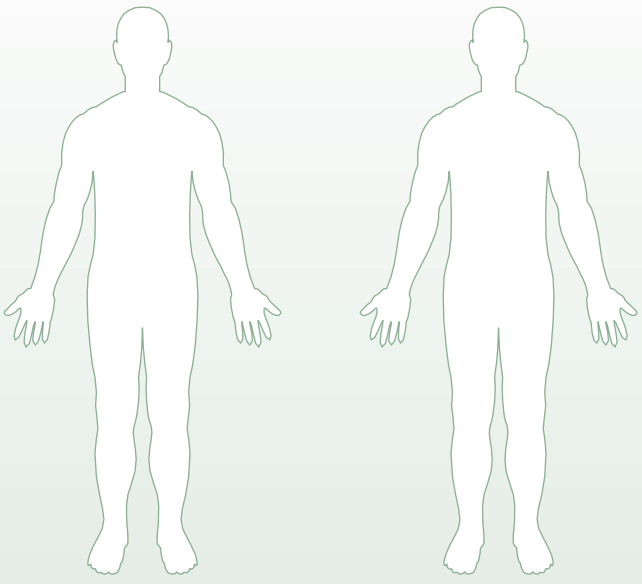
How many times did this happen today?

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?**

_____

Put an "X" on the body diagram to show each place you've had pain today.



What was your average level of pain today?

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 trusted friend, family, clergy
____ Prayer, meditation, guided imagery
____ Relaxation technique (hypnosis, biofeedback)
____ Creative technique (art or music therapy)
____ Other (e.g., specific chiropractic manipulation, osteopathic treatments):

_____

Check any of these common side effects that you've noticed after taking your pain medicine.
____ Drowsiness, 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?
_____ hours

Overall, are you satisfied with your pain management?
____YES ____NO **(Explain what makes you satisfied or not satisfied. Use Log section.)**

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

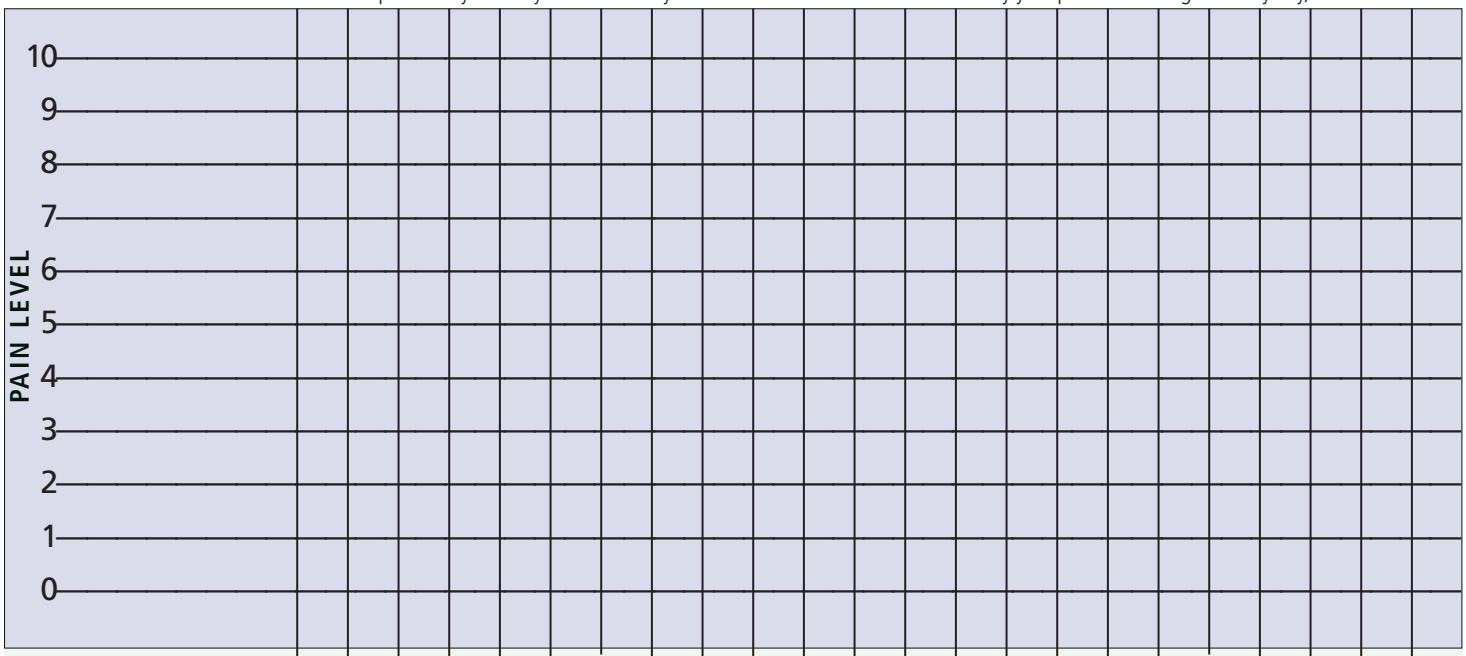
Name _____

Day _____

Date _____

1 DAILY PAIN CHART

Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



2 DAILY PAIN LOG

MEDICINES: NAME/DOSE
(insert # of pills taken)

#1

#2

#3

#4

#5

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

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

Date _____

3 DAILY PAIN SUMMARY

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 your pain medicine 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

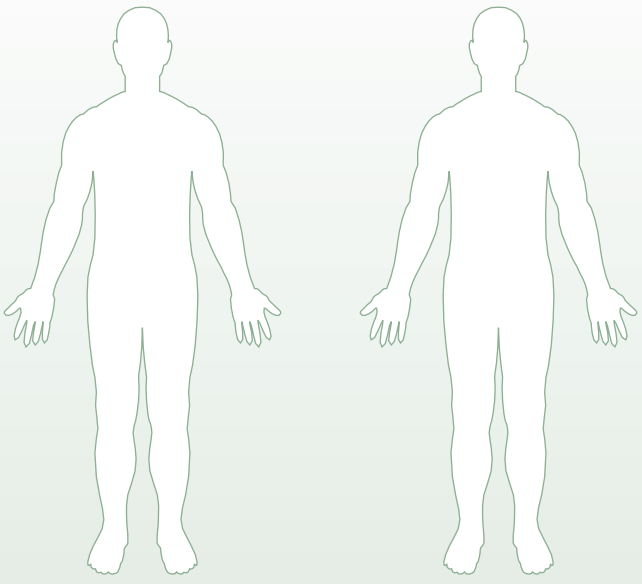
How many times did this happen today?

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?**

_____

Put an "X" on the body diagram to show each place you've had pain today.



Front Back

What was your average level of pain today?

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 trusted friend, family, clergy
____ Prayer, meditation, guided imagery
____ Relaxation technique (hypnosis, biofeedback)
____ Creative technique (art or music therapy)
____ Other (e.g., specific chiropractic manipulation, osteopathic treatments):

_____

Check any of these common side effects that you've noticed after taking your pain medicine.
____ Drowsiness, 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?
_____ hours

Overall, are you satisfied with your pain management?
____YES ____NO **(Explain what makes you satisfied or not satisfied. Use Log section.)**

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

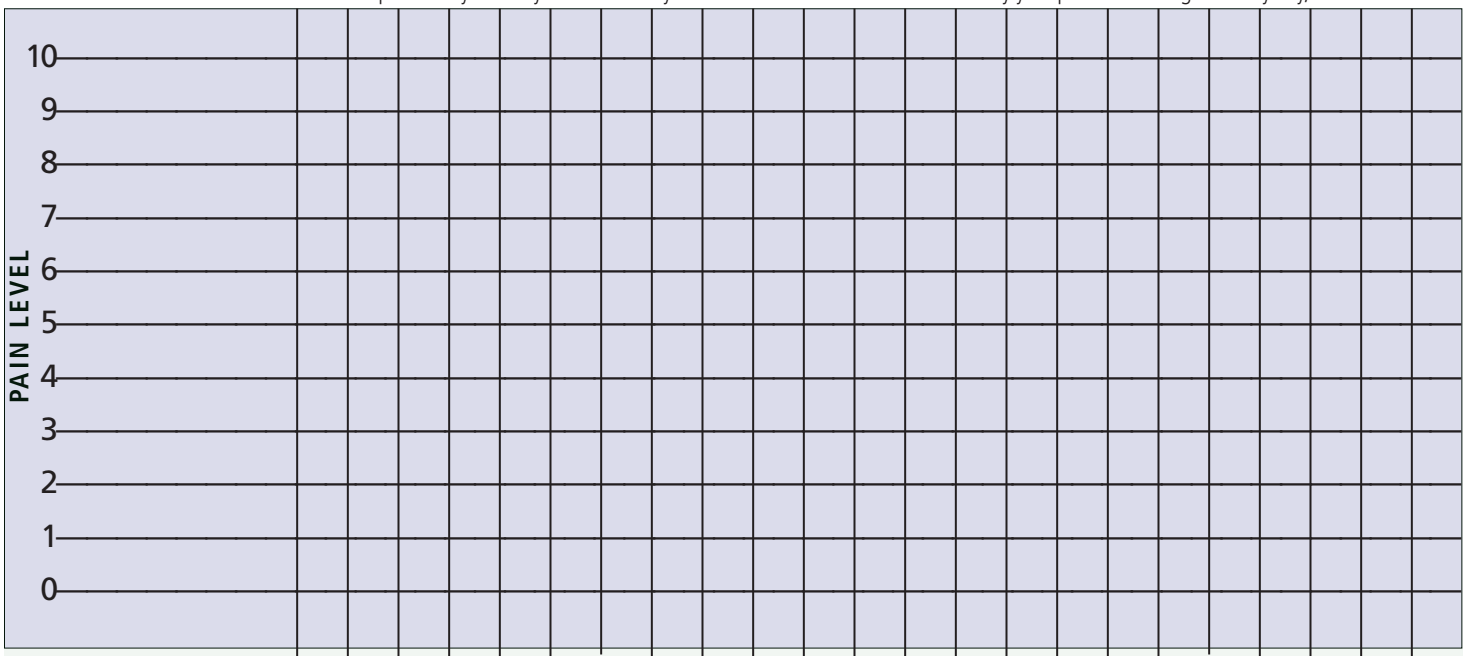
Name _____

Day _____

Date _____

1 DAILY PAIN CHART

Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



2 DAILY PAIN LOG

MEDICINES: NAME/DOSE
(insert # of pills taken)

#1

#2

#3

#4

#5

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

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

Date _____

3 DAILY PAIN SUMMARY

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?

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_____

Did you take all your pain medicine 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?

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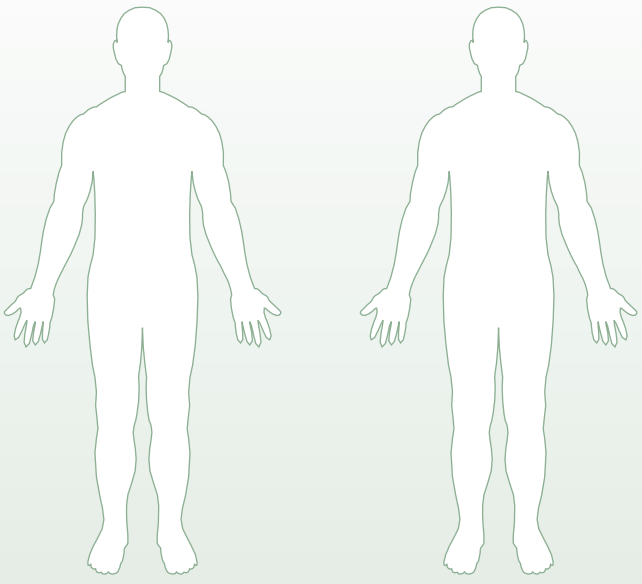

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____ Massage
____ Acupuncture
____ Rest
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____ Talk to trusted friend, family, clergy
____ Prayer, meditation, guided imagery
____ Relaxation technique (hypnosis, biofeedback)
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_____

Check any of these common side effects that you've noticed after taking your pain medicine.
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____ Constipation
____ Lack of appetite
____ Other (describe):

_____

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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?

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_____ hours

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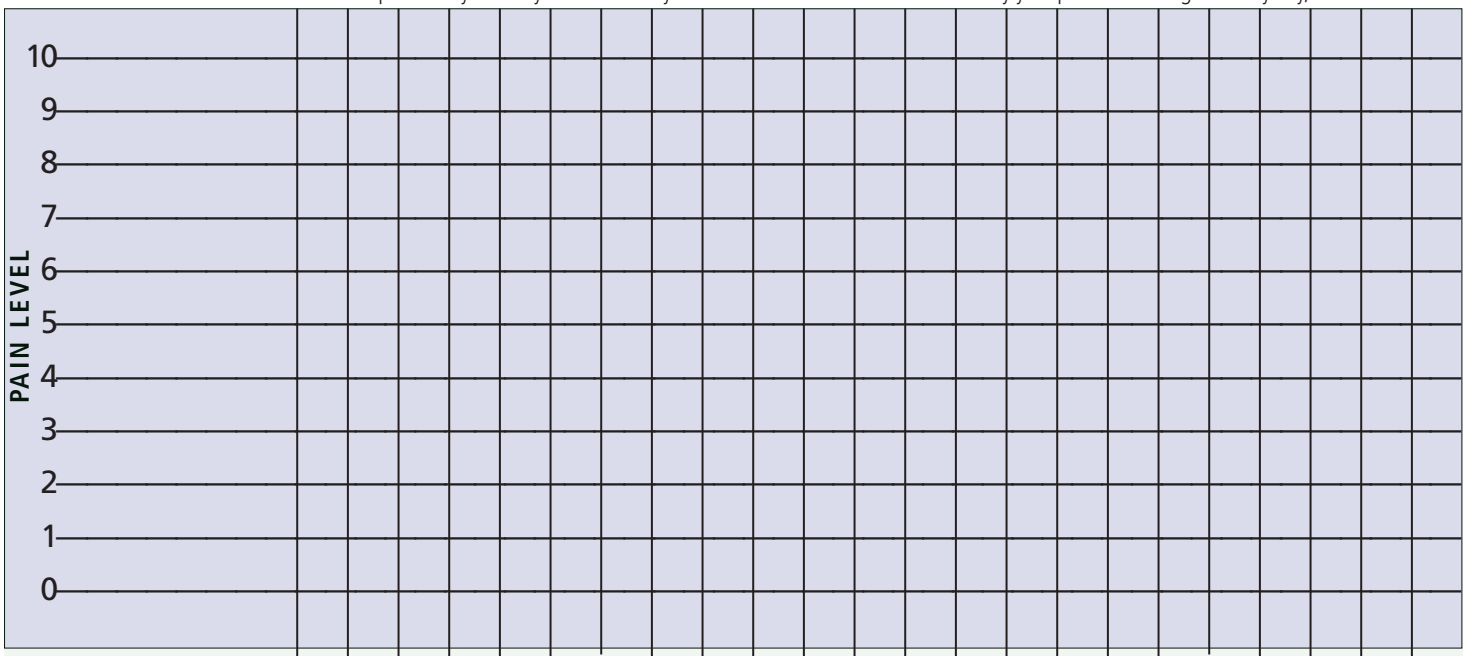

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MEDICINES: NAME/DOSE
(insert # of pills taken)

#1

#2

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

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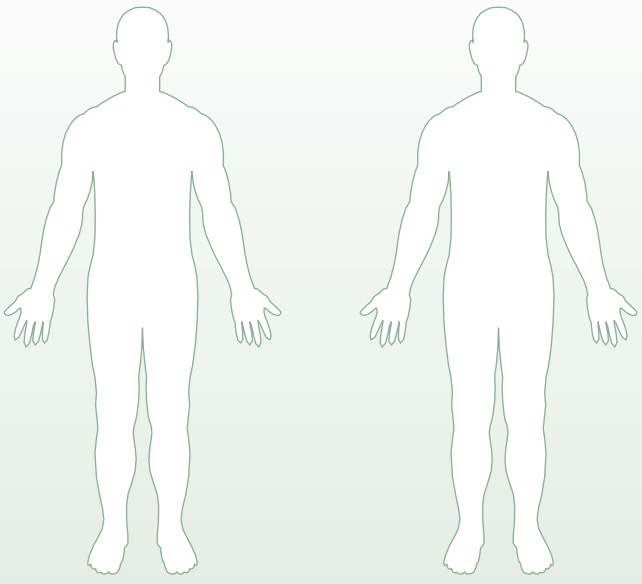

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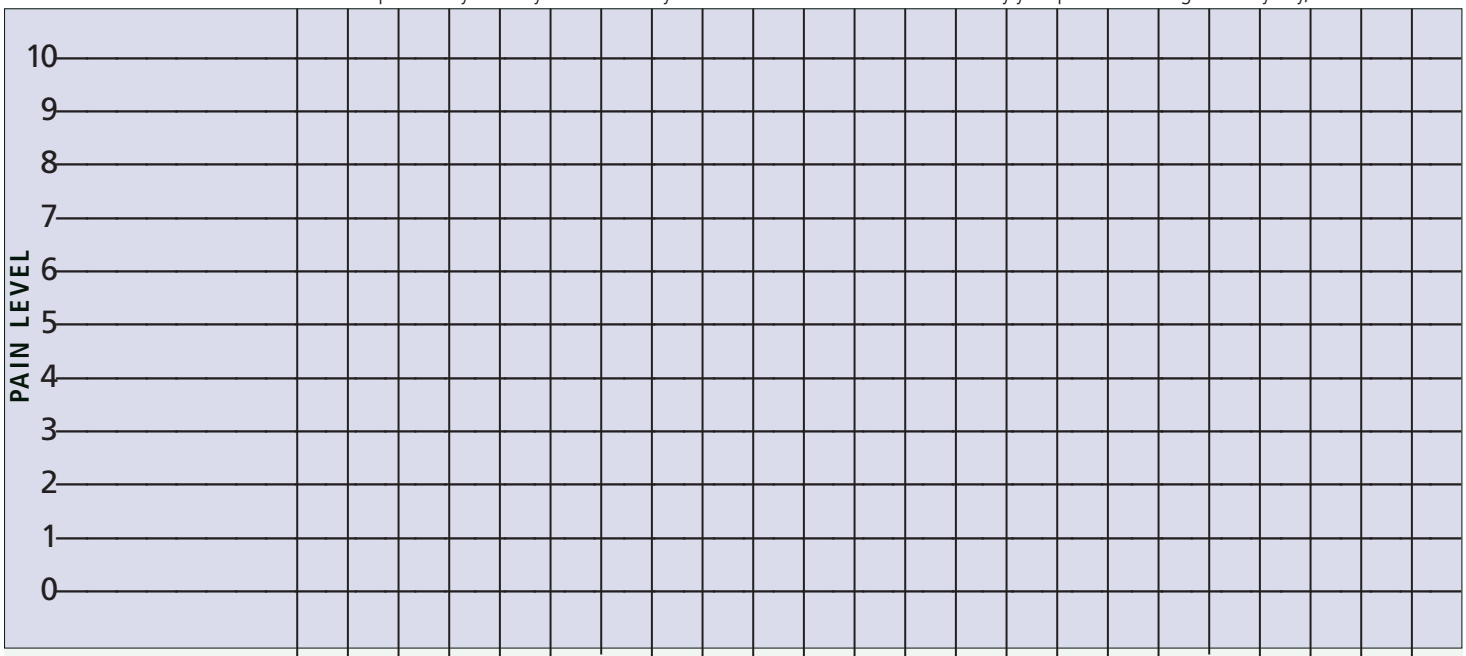

2 DAILY PAIN LOG

MEDICINES: NAME/DOSE
(insert # of pills taken)

#1

#2

#3

#4

#5

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

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

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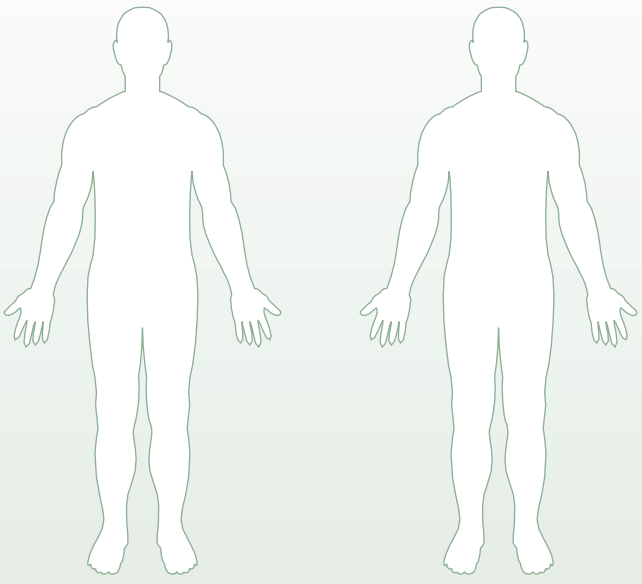

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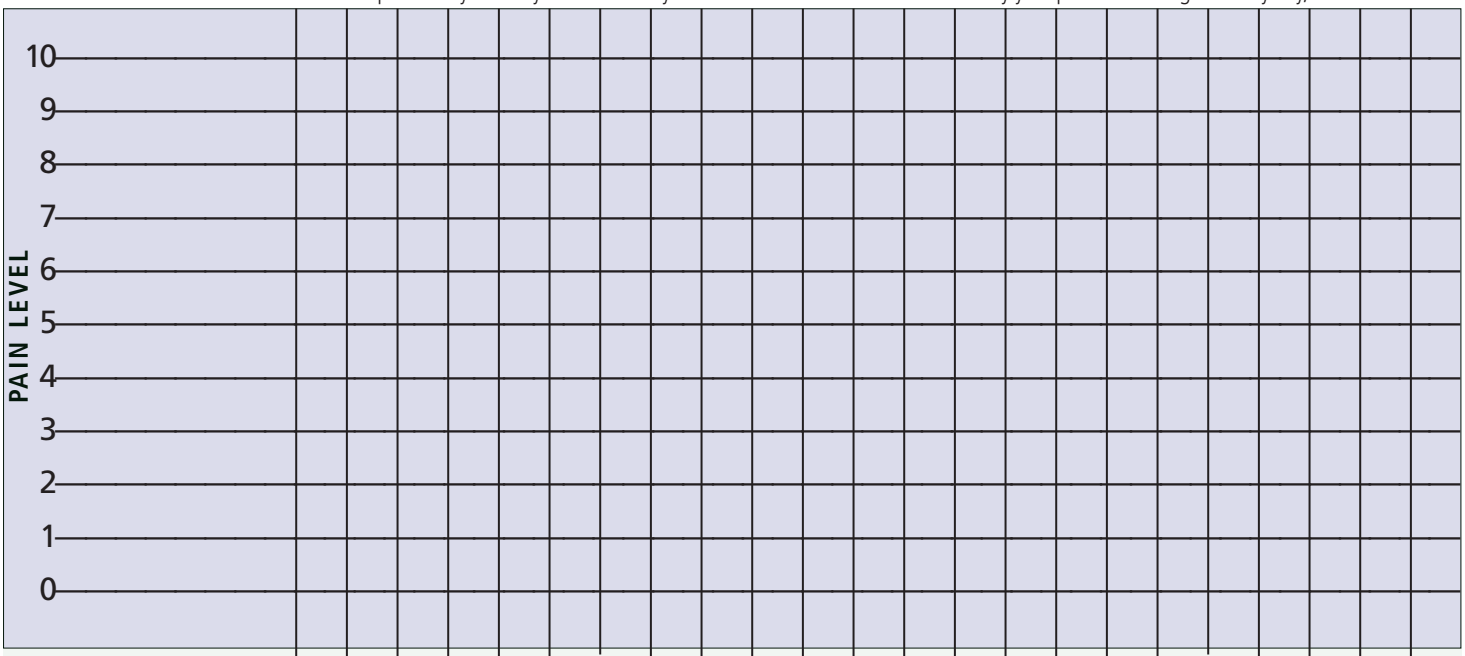

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MEDICINES: NAME/DOSE
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#1

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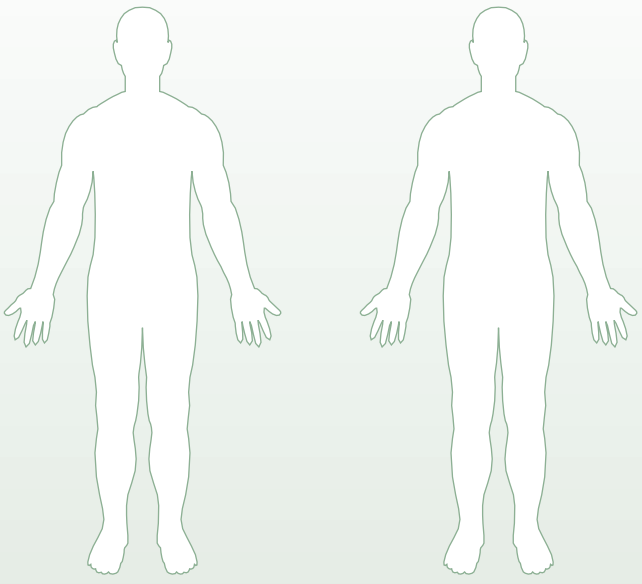

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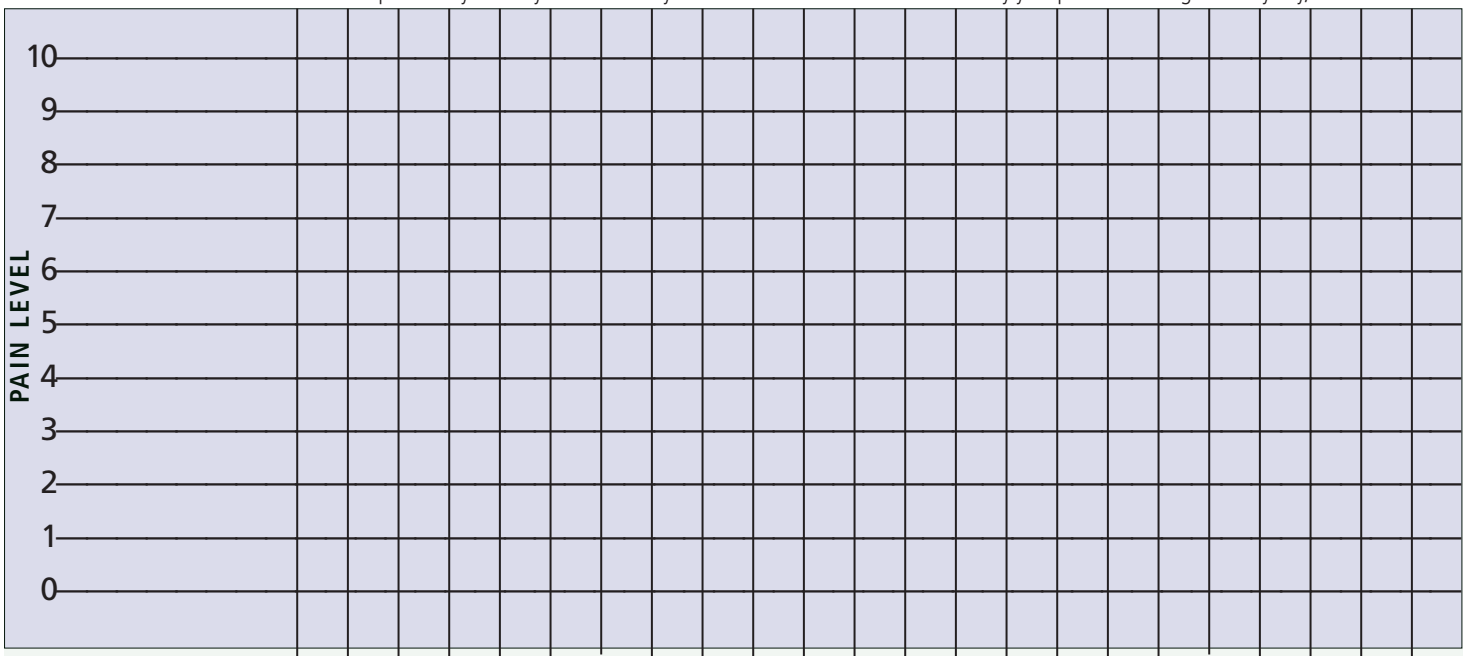

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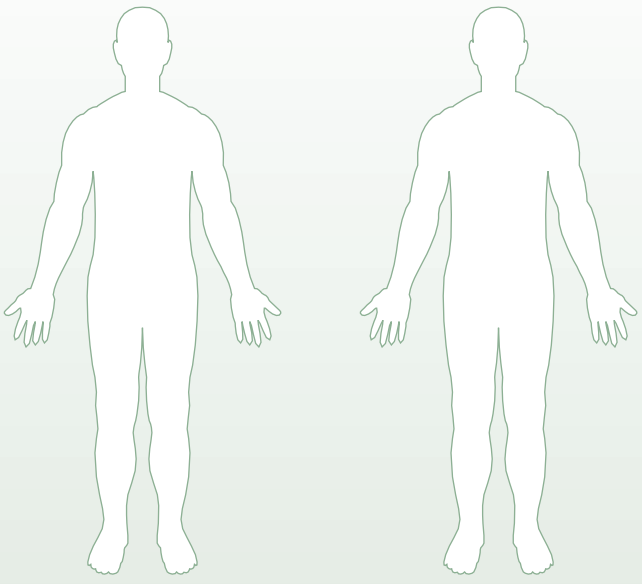

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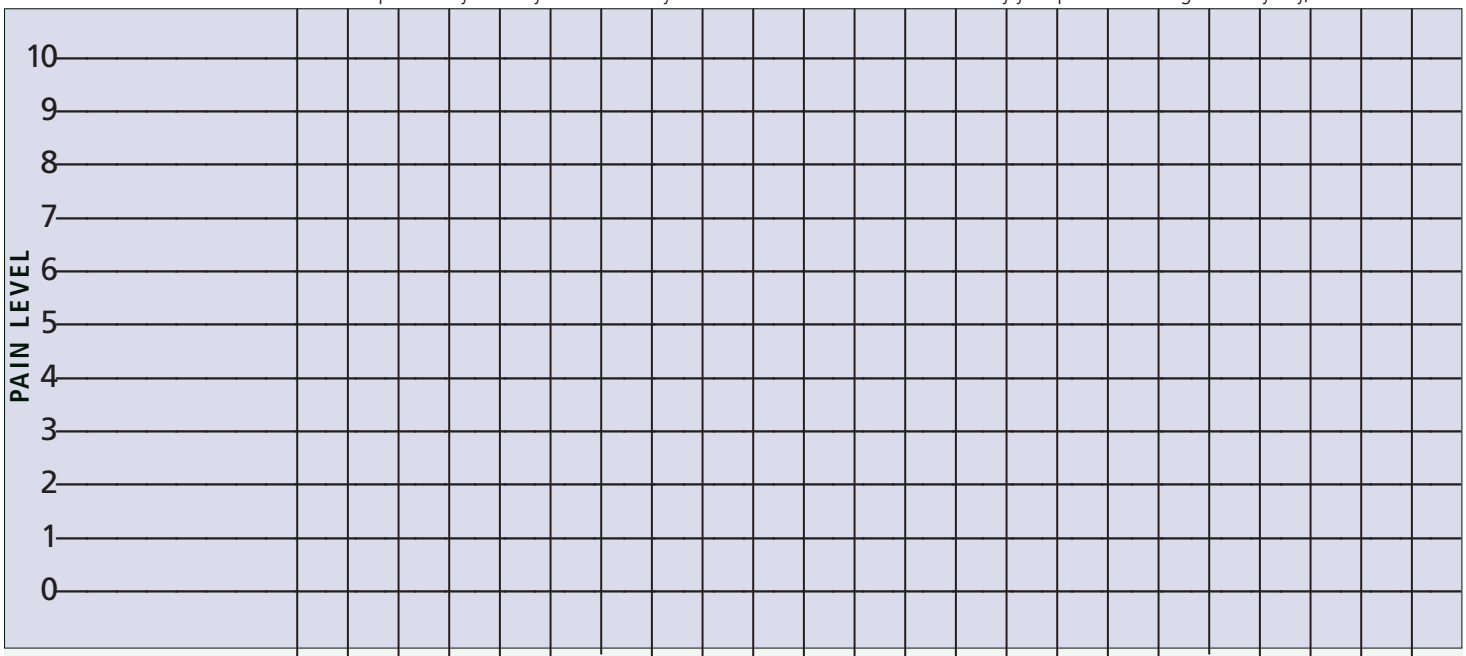

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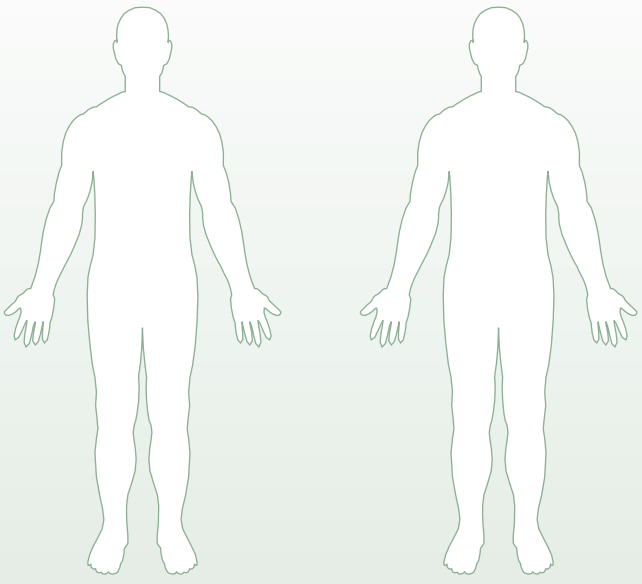

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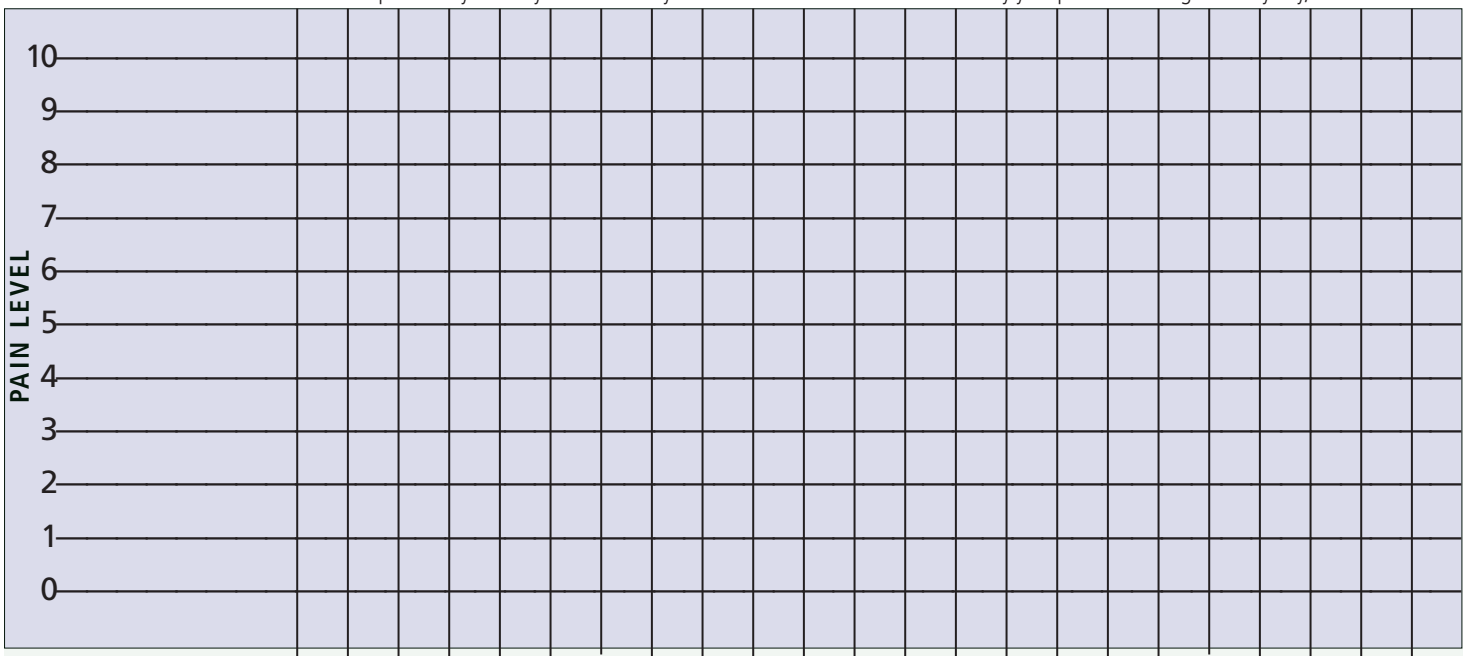

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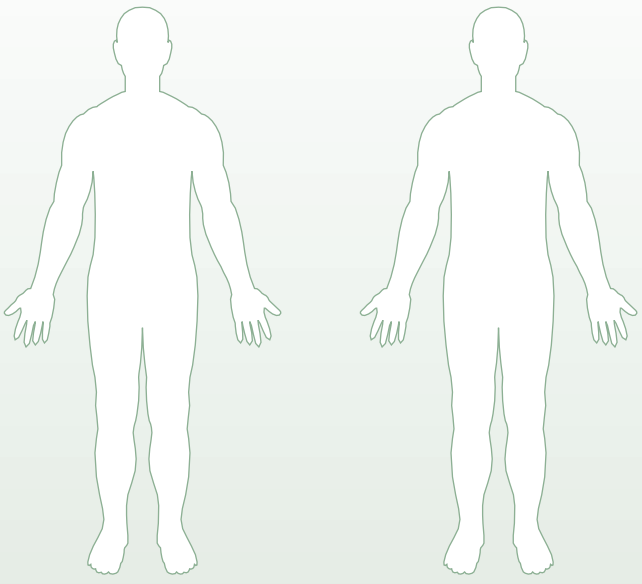

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NOTES

LEARN MORE ABOUT PAIN RELIEF

American Pain Foundation
(useful information and
links to disease-specific information)
www.painfoundation.org
1-888-615-PAIN

Alliance of State Pain Initiatives
(find listings of state initiatives)
www.aspi.wisc.edu
1-608-265-4013

American Chronic Pain Association
www.theacpa.org
1-800-533-3231

CancerCare
www.cancercare.org
1-800-813-4673

Hospice Foundation of America
www.hospicefoundation.org
1-800-854-3402

Mayo Clinic Pain Management Center
www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex

National Institutes of Health
www.nih.gov
1-301-496-4000

National Pain Foundation
www.nationalpainfoundation.org

Pain.com
www.pain.com

PROFESSIONAL PAIN ORGANIZATIONS

American Academy of Pain Management
www.aapainmanage.org
1-209-533-9744

American Academy of Pain Medicine
www.painmed.org
1-847-375-4731

American Board of Pain Medicine
www.abpm.org
1-847-375-4726

American Pain Society
www.ampainsoc.org
1-847-375-4715

American Society for Pain Management Nursing
www.aspmn.org
1-888-342-7766

Case Management Resource Guide
www.cmrg.com
1-800-784-2332

Commission on Accreditation of Rehabilitation Facilities
www.carf.org
1-520-325-1044

SHARE YOUR FEEDBACK

We welcome your feedback on the Pain Notebook. Is it easy to use? Is it useful Please send comments and suggestions for this and other publications to: publications@painfoundation.org.

Pain Care Bill of Rights

As a person with pain, you have a right to:

- Have your report of pain taken seriously and be treated with dignity and respect by doctors, nurses, pharmacists, social workers, physician assistants and other healthcare professionals.
- Have your pain thoroughly assessed and promptly treated.
- Participate actively in decisions about how to manage your pain.
- Be informed and know your options; talk with your healthcare provider about your pain – possible cause(s), treatment options and the benefits, risks and cost of each choice.
- Have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- Be referred to a pain specialist if your pain persists.
- Get clear and prompt answers to your questions, take time to make decisions, and refuse a particular type of treatment if you choose.

Finding good pain care and taking control of pain can be hard work. Learn all you can about pain and possible treatments, and insist on the care you need and deserve.

American Pain Foundation
A United Voice of Hope and Power over Pain

Although not always required by law, these are the rights you should expect for your pain care.

American Pain Foundation • 201 N. Charles Street, Suite 710 • Baltimore, MD 21201-4111 • (888) 615-7246
www.painfoundation.org

Things to Remember:

1. *Share your story.*
2. *Never give up.*
3. *Fight for it.*
4. *Take one day at a time.*
5. *Stay Focused.*
6. *Accept the challenge and take action.*
7. *Set Goals.*
8. *Believe in yourself.*
9. *Visualize success.*

Source: Adapted from Walter Reed Army Medical Center

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