Pain diary

Track your pain over three weeks to help you and your doctor spot patterns and understand what's going on.

5 **Rate each type of pain from 0–10 each day.**

0 = no pain and 10 = the worst pain you can imagine.

Add your own type of pain if needed.

Record any pain in detail using the significant pain episodes section.

If you need more space use the next page.

About us

We're the leading gynaecological cancers charity. To help save lives, we focus on preventing and improving the early diagnosis of womb, ovarian, cervical, vulval and vaginal cancer.

eveppeal.org.uk

the eve appeal

the gynaecological cancers charity

Type of pain	Week 1 Date _____ M	T	W	T	F	S	S	Week 2 Date _____ M	T	W	T	F	S	S	Week 3 Date _____ M	T	W	T	F	S	S
 Abdominal or pelvic pain																					
 Lower back pain																					
 Period pain																					
 Pain during sex																					
 Vulval or vaginal pain																					
[Write your own]																					

Significant pain episodes

Notes:

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Significant pain episodes

Notes:

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

Date

Time **Duration**

What did it feel like?

What affected it?

Did it spread to other areas?

How did it affect your day?

the eve appeal

the gynaecological cancers charity