

Monthly Symptom Calendar

Write the day number in each box, then add your average pain score for that day (0–10).

Month: _____ Year: _____ Name: _____

| | | | | | | | | | | | |
|--------------------|------|---|---|---|---|----------|---|---|---|---|--------|
| Pain scale: | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | none | | | | | moderate | | | | | severe |

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ |
| Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ |
| Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ |
| Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ |
| Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ | Day: ____ Pain (0-10): ____ |

Bring this page to your appointment — the pattern across the month is often more useful than a description from memory.



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