

Weekly Pain Log

A one-week pattern sheet for pain, sleep, meds, function, mood, and the repetition that only shows up when you stop looking at one day alone.

Routing Note

- Need:** A week is often where the pattern starts to speak. This sheet keeps enough detail to be useful without turning tracking into a second occupation.
- Tool:** Use it when you need one clear week for a doctor, a claim file, or your own review of what keeps repeating.
- Rule:** Fill it as the week happens. Reconstruction is where detail goes to die.

Name: _____ Week of: _____ Provider: _____

Pain Scale Reference (0–10 NRS)



1. Daily Pain Overview

Rate pain at each time point using the 0-10 NRS. Record worst pain and the primary location for each day.

Day	AM Pain	Midday	PM Pain	Eve Pain	Worst	Primary Location(s)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

2. Sleep & Energy

Rate sleep quality 1-5 (1=terrible, 5=excellent). Rate morning energy 0-10. Note disturbances (pain woke me, restless, etc.).

Day	Bedtime	Wake Time	Hours	Quality (1-5)	Energy (0-10)	Disturbances
Monday						
Tuesday						
Wednesday						
Thursday						

Day	Bedtime	Wake Time	Hours	Quality (1-5)	Energy (0-10)	Disturbances
Friday						
Saturday						
Sunday						

3. Medications & Treatments

Record all pain interventions: prescriptions, OTC, topicals, heat/ice, physio, TENS, etc. Rate relief 0-10.

Day	Medication / Treatment	Dose / Duration	Time(s)	Relief (0-10)	Side Effects?
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

4. Activity & Function Impact

Rate each area 0-5 (0 = no difficulty, 3 = significant difficulty, 5 = unable). Leave blank if not applicable that day.

Day	Self-Care	Housework	Walking	Work/School	Social	Exercise
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

5. Triggers & Contributing Factors

Check (X) any factors present each day. Add your own in the blank column. Tracking triggers reveals hidden patterns.

Day	Weather	Stress	Poor Sleep	Activity	Posture	Food/Drink	_____
Monday							
Tuesday							
Wednesday							

Day	Weather	Stress	Poor Sleep	Activity	Posture	Food/Drink	_____
Thursday							
Friday							
Saturday							
Sunday							

6. Mood & Wellbeing

Rate mood 0-10 (0=very low, 10=excellent). Note anxiety/stress level and any emotional observations.

Very Low	Low	Fair	Good	Very Good
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Day	Mood (0-10)	Anxiety (0-10)	Stress Level	Notes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

7. Weekly Pattern Analysis

Complete at the end of the week. This summary helps you and your provider spot trends faster.

PAIN SUMMARY

Average pain this week (0-10): _____

Highest pain / day: _____

Lowest pain / day: _____

Number of flare days (6+): _____

Most common location: _____

TREATMENT & TRIGGERS

Most effective treatment: _____

Least effective treatment: _____

Most common trigger: _____

Improvement vs last week? _____

Goal for next week: _____

8. Notes for Your Healthcare Provider

Patterns noticed, questions for your doctor, concerns, medication requests, or anything to discuss at your next appointment.

Observations, Patterns, and Questions

Weekly Rules

Fill it as the week happens. | Four honest weeks side by side can tell the truth faster than memory can.

Compare repeats, not feelings. | Bring the finished week in a form someone can scan fast.

Rate close to the moment. | Use PainTracker when you want the same pattern with less friction.