

Pain diary

Week of _____ Name _____

Pain: 0 = no pain, 10 = worst pain you can imagine. Use the same scale every time.

Cycle day: day 1 is the first day of your period.

Bleeding: 0 none · S spotting · L light · M medium · H heavy

Day and date Circle the day	Cycle day and bleeding Circle the bleeding	Worst pain today Circle one score	Where it hurt For example lower left tummy, lower back	What it stopped you doing Work, school, sleep, sex, exercise, plans	Medicine and dose With the time. Include medicines you bought.	What helped Heat, rest, medicine. Did it help?	Notes Other symptoms, such as bloating or pain when you poo or pee
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____

Pain diary

Week of _____ Name _____

Pain: 0 = no pain, 10 = worst pain you can imagine. Use the same scale every time.

Cycle day: day 1 is the first day of your period.

Bleeding: 0 none · S spotting · L light · M medium · H heavy

Day and date Circle the day	Cycle day and bleeding Circle the bleeding	Worst pain today Circle one score	Where it hurt For example lower left tummy, lower back	What it stopped you doing Work, school, sleep, sex, exercise, plans	Medicine and dose With the time. Include medicines you bought.	What helped Heat, rest, medicine. Did it help?	Notes Other symptoms, such as bloating or pain when you poo or pee
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	 	 	 	 	
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	 	 	 	 	
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	 	 	 	 	
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	 	 	 	 	
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	 	 	 	 	
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	 	 	 	 	
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	 	 	 	 	

Pain diary

Week of _____ Name _____

Pain: 0 = no pain, 10 = worst pain you can imagine. Use the same scale every time.

Cycle day: day 1 is the first day of your period.

Bleeding: 0 none · S spotting · L light · M medium · H heavy

Day and date Circle the day	Cycle day and bleeding Circle the bleeding	Worst pain today Circle one score	Where it hurt For example lower left tummy, lower back	What it stopped you doing Work, school, sleep, sex, exercise, plans	Medicine and dose With the time. Include medicines you bought.	What helped Heat, rest, medicine. Did it help?	Notes Other symptoms, such as bloating or pain when you poo or pee
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____

Pain diary

Week of _____ Name _____

Pain: 0 = no pain, 10 = worst pain you can imagine. Use the same scale every time.

Cycle day: day 1 is the first day of your period.

Bleeding: 0 none · S spotting · L light · M medium · H heavy

Day and date Circle the day	Cycle day and bleeding Circle the bleeding	Worst pain today Circle one score	Where it hurt For example lower left tummy, lower back	What it stopped you doing Work, school, sleep, sex, exercise, plans	Medicine and dose With the time. Include medicines you bought.	What helped Heat, rest, medicine. Did it help?	Notes Other symptoms, such as bloating or pain when you poo or pee
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____

Pain diary

Week of _____ Name _____

Pain: 0 = no pain, 10 = worst pain you can imagine. Use the same scale every time.

Cycle day: day 1 is the first day of your period.

Bleeding: 0 none · S spotting · L light · M medium · H heavy

Day and date Circle the day	Cycle day and bleeding Circle the bleeding	Worst pain today Circle one score	Where it hurt For example lower left tummy, lower back	What it stopped you doing Work, school, sleep, sex, exercise, plans	Medicine and dose With the time. Include medicines you bought.	What helped Heat, rest, medicine. Did it help?	Notes Other symptoms, such as bloating or pain when you poo or pee
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____
M T W T F S S Date _____	Day _____ 0 S L M H	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____

Monthly overview

Pain: 0 = no pain, 10 = worst pain you can imagine. Use the same scale every time.

Cycle day: day 1 is the first day of your period.

Bleeding: 0 none · S spotting · L light · M medium · H heavy

Month _____ Name _____ First day of last period _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cycle day																															
Bleeding (0 S L M H)																															
Worst pain Put a dot at the day's score, then join the dots	10																														
	9																														
	8																														
	7																														
	6																														
	5																														
	4																														
	3																														
	2																														
1																															
0																															
Pain stopped me doing something ✓																															
Took pain medicine ✓																															
Pain when I pooped or peed ✓																															
Pain during or after sex ✓																															

This month

Days with pain _____

Days pain stopped me doing something _____

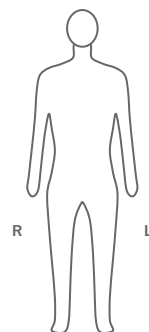
My usual worst score _____

Main symptoms, and how long I have had them _____

What I tried, and what happened _____

Where it hurt

Shade the areas. Draw an arrow if the pain spreads.



Front



Back

Questions for my doctor
