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Education

Pain Diary

If your child has recurrent pains, please collect the following information about the pain during three bouts of pain before you make an initial or follow-up appointment. This information may be very helpful in reaching a correct diagnosis.

1. Date:

Time of day:

Place (home, school, etc.):

People present:

1. Describe the Pain

Where on the body?

How long did it last (in minutes)?

How bad (on a scale of 1 to 10 where 1 = mild, 10 = unbearable)?

What did it keep your child from doing?

1. Triggers for Pain

Thoughts (any stresses) before the pain (within 1 hour)?

Feelings (upset or fearful) before the pain (within 1 hour)?

Activities before the pain (within 2 hours):

Food eaten before the pain (within 4 hours):

1. Treatment

What did you do to make it feel better?

1. Your Observation

What do you think was the cause of the pain this time?

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Pain Diary					
Date:					
Time of Day:					
Place (home, school, outside):					
People present:					
Describe the Pain					
Where on the body?					
How long it lasted? (minutes)					
How bad (1=mild, 10=unbearable)					
What did it keep your child from doing?					
Triggers for Pain					
1. Doing what just before the pain?					
2. Any stresses before the pain (within 1 hour)?					
3. Feelings (upset or fearful) before the pain started?					
4. Food eaten just before the pain (within 4 hours)?					
Treatment					
What did you do to help your child feel better?					
Your Observation					
What do you think caused the pain this time?					

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