This is a great tool for you and your health-care provider to spot patterns and help manage your care. It is recommended you fill it out daily for at least two weeks prior to seeing your health-care provider.

**MEASURE YOUR PAIN**

Circle where it hurts:

Rank your pain:

1 ↔ 5
1 = minimal pain
5 = worst pain

Morning:

Midday:

Evening:
HOW WAS YOUR DAY?

Please rate yourself on the following scales:

**Fatigue**
1. No fatigue
2. Very tired

**Mood**
1. Happy/relaxed
2. Depressed/anxious

**Stress**
1. Low
2. High

**Physical activity/exercise**
1. Physical activity
2. No physical activity

**Healthy eating**
1. Healthy eating
2. Unhealthy eating

**Social life**
1. Lots of interaction with family and friends
2. No interaction with family and friends

Did anything out of the ordinary happen today?
Please make a note of anything that happened outside of your usual routine, e.g., activities, medications, treatments, overall health.

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