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:  
  - 3:  
  - 4:  
  - 5: Very tired

- **Mood**
  - 1: Happy/relaxed
  - 2:  
  - 3:  
  - 4:  
  - 5: Depressed/anxious

- **Stress**
  - 1: Low
  - 2:  
  - 3:  
  - 4:  
  - 5: High

- **Physical activity/exercise**
  - 1: Physical activity
  - 2:  
  - 3:  
  - 4:  
  - 5: No physical activity

- **Healthy eating**
  - 1: Healthy eating
  - 2:  
  - 3:  
  - 4:  
  - 5: Unhealthy eating

- **Social life**
  - 1: Lots of interaction with family and friends
  - 2:  
  - 3:  
  - 4:  
  - 5: 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.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

arthritiscanada.ca