Pain Journal

Date

Time **Pain Journal** **Comments**

Symptoms

☐ Throbbing	☐ Numbness	
☐ Aching	☐ Stress	
☐ Stiff	☐ Tense	
☐ Sharp	☐ Exhaustion	
☐ Swelling	☐ Headache	
☐ Cold/Hot	☐ Mood Change	
☐ Tingling	☐ Impaired Sleep	

Location

R Right	*L Left*
☐ Fingers ☐ Thumb	☐ Palm
☐ Wrist ☐ Elbow	☐ Forearm
☐ Upper arm ☐ Shoulder	☐ Neck
☐ Head ☐ Upper Back	☐ Midback
☐ Lower back ☐ Hips	☐ Knees
☐ Legs ☐ Ankles	☐ Feet

☐ Other (describe) _____

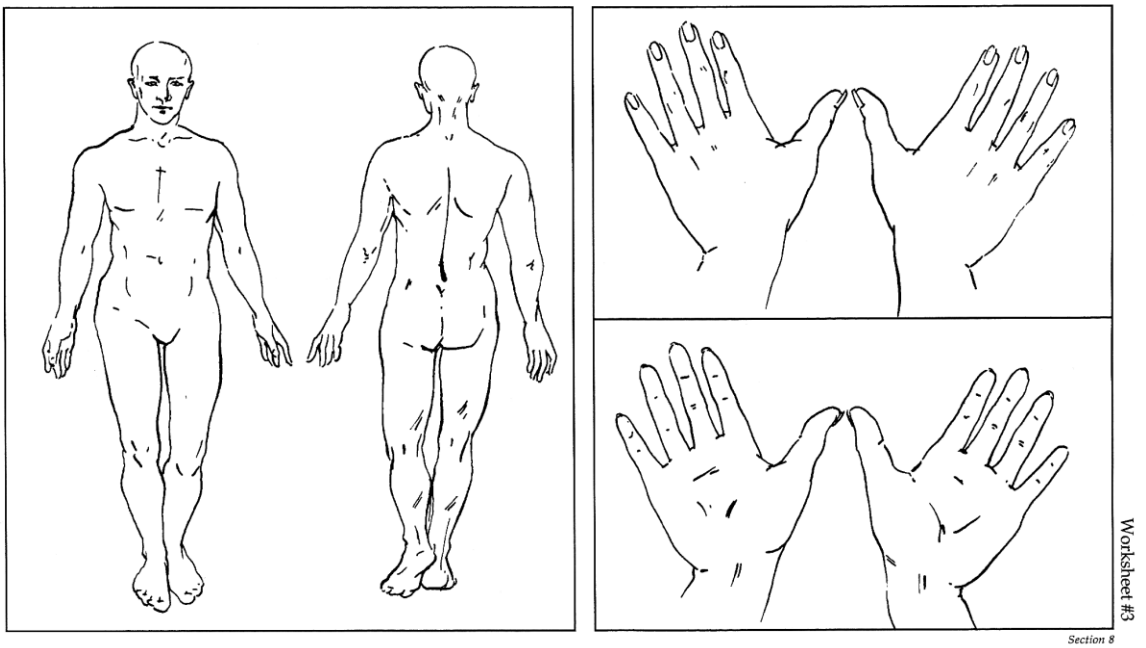
Duration ☐ _____

☐ While working	☐ Into afternoon	☐ Into evening
☐ Through night	☐ Upon waking	☐ Through weekend

Identifying "Hot Spots"

Cumulative Trauma Disorder Workbook from NTID

Green
I feel it
Blue
tingly
Yellow
discomfort
Orange
pain
Red
extreme



Worksheet #3

Section 8

Time **Care Journal** **Comments**

Treatment

☐ Massage	☐ Ice
☐ Trigger Point	☐ Heat
☐ Stretching	☐ Brace
☐ Exercise	☐ Rest
☐ Work Adjust	☐ Medication
☐ Other (describe) _____	

Location

R Right	*L Left*
☐ Fingers ☐ Thumb	☐ Palm
☐ Wrist ☐ Elbow	☐ Forearm
☐ Upper arm ☐ Shoulder	☐ Neck
☐ Head ☐ Upper Back	☐ Midback
☐ Lower back ☐ Hips	☐ Knees
☐ Legs ☐ Ankles	☐ Feet

☐ Other (describe) _____

Duration ☐ _____

☐ While working	☐ Into afternoon	☐ Into evening	☐ Successful
☐ Through night	☐ Upon waking	☐ Through weekend	☐ Unsuccessful

Success

Heather R Lawson