



CENTRE FOR OBSTETRIC PELVIC  
HEALTH & RECONSTRUCTIVE SURGERY

WWW.CENTREFOROASIS.COM

*Dr. Maria Giroux*

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FEMALE PELVIC MEDICINE &  
RECONSTRUCTIVE SURGERY (FPMRS)

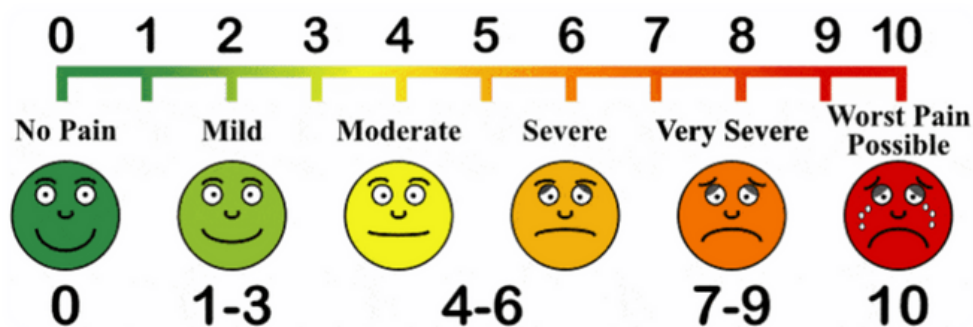
## Pain Diary

### Instructions:

- A pain diary is a chart that is used to describe your pain, activity level, and mood.
- If this is your first appointment with Dr. Maria Giroux, please fill out this pain diary **over 3 days** (they do not need to be consecutive). **Please complete electronically or print, fill out, scan (or take photographs), and submit the filled out form.**

### How to fill out the chart:

- **Date:** the date that you are describing (ex. October 1, 2023)
- **Time pain began:** record using a clock (ex. 7:00PM)
- **Duration:** how long pain lasted (specify minutes or hours)
- **Describe your pain:** location of pain, severity (out of 10, 0 being no pain, 10 being worst pain possible), whether it travelled/radiated to another area, what it felt like (ex. sharp, dull, stabbing)
- **Precipitating factors:** what made your pain worse?
- **Alleviating factors:** what made your pain better? (ex. medication, exercise, heating pad, etc.)
- **Activity Level:** has the pain affected your daily life (sleep, work, social life, etc.)
- **Mood:** describe any changes in your mood



Reference: Vatsal, K. (2020, March 6). Visual analogue scale. Slideshare . <https://www.slideshare.net/khushboovatsal/visual-analogue-scale>



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# My Pain Diary: Day 1



**Date:** \_\_\_\_\_

**Time I Woke Up:** \_\_\_\_\_

**Time Fell Asleep:** \_\_\_\_\_

## *Example:*

Time pain began	Duration of pain	Description	Precipitating factors	Alleviating factors	Activity Level	Mood
6:00AM	2 hours	Dull pain above my pubic bone, 3/10, travels to my back	My period	Heating pad, Naproxen 500mg	Unable to go to the gym	Frustrated

Time pain began	Duration of pain	Description	Precipitating factors	Alleviating factors	Activity Level	Mood



# My Pain Diary: Day 2

**Date:** \_\_\_\_\_

**Time I Woke Up:** \_\_\_\_\_

**Time Fell Asleep:** \_\_\_\_\_



Time pain began	Duration of pain	Description	Precipitating factors	Alleviating factors	Activity Level	Mood



# My Pain Diary: Day 3



**Date:** \_\_\_\_\_

**Time I Woke Up:** \_\_\_\_\_

**Time Fell Asleep:** \_\_\_\_\_

Time pain began	Duration of pain	Description	Precipitating factors	Alleviating factors	Activity Level	Mood

