NEUROLOGIE
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Pain diary

Recording the intensity, character and course of nerve pain

NAME _____ DATE OF BIRTH _____ PERIOD FROM – TO _____

Date	Time of day	Severity 0–10	Location	Character of pain	Triggers / worsens	Relieves	Medication & dose	Effect 0–10	Impact on daily life

How to fill this in

Severity: 0 = no pain, 10 = the worst pain imaginable. Please give the average for that time of day.
Character: burning, electric or shooting, tingling, stabbing, dull, dragging.
Triggers: touch, cold, warmth, exertion, movement, rest, night-time.
Relieves: movement, warmth, cold, rest, distraction, physiotherapy.
Impact: 0 = none, 10 = daily life no longer possible (sleep, work, social activities).
Ideally fill this in twice a day — morning and evening — over at least two weeks.

Important

Sudden weakness, numbness on one side of the body, difficulty speaking or visual loss require immediate attention. Call 144 — these symptoms must be assessed in hospital straight away.