

## Pain/Mood Diary

See page 41 in *Living a Healthy Life* book for directions

Date:		Time:	
Describe situation or activity:			
Pain level: (circle number)	No pain   0   1   2   3   4   5   6   7   8   9   10   Worst pain		
Describe pain sensation:			
Emotional distress level: (circle number)	No distress   0   1   2   3   4   5   6   7   8   9   10   Terribly distressed		
Describe type of emotional distress:			
Describe what you did to alleviate discomfort:			

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