

Pain diary (14 days)

Each day, preferably in the evening, note how the pain was. The diary shows the pattern of your pain (when it comes, what triggers it, how it responds to treatment) better than we can remember at the consultation. Bring it to your next visit. Intensity: 0 = no pain, 10 = worst pain imaginable.

Day / date	Pain in the morning (0–10)	Pain in the evening (0–10)	Headache (yes / no)	What triggered or worsened the pain	I noticed clenching / grinding	Medication (what, how much)	Sleep (good / poor)	Notes
<i>E.g. Mon 12.10</i>	<i>2</i>	<i>5</i>	<i>yes</i>	<i>hard food, stress at work</i>	<i>yes, daytime</i>	<i>ibuprofen 400 mg, once</i>	<i>poor</i>	<i>better after warm compresses</i>
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