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## My Pain Diary

**Title**

Paint the pain: Investigating the biopsychosocial impacts of a guided self-reflective visual art creation program on individuals living with chronic pain- a pilot randomised controlled trial

**Short Title**

Paint the pain pilot study

**Protocol Number**

**Project Sponsor**

The University of Sydney

**Coordinating Principal Investigator/  
Principal Investigator**

Dr Fereshteh Pourkazemi

**Associate Investigator(s)**

*(if required by institution)*

Dr Claire Hooker, Dr Marnee Mackay, Dr Roxanna Pebdani, Dr Bernadette Brady, Dr Amy Jo Vassallo, Prof James Elliott, Dr Stephen Gibson, Ms Michelle Cook, Dr Alison Evans, Dr Tania Gardner, Dr Niamh Moloney, Dr Clair Hebron, and Assoc Prof Michael Thacker

**Location** *(where CPI/PI will recruit)*

(Royal Prince Alfred Hospital)

## What is a pain diary?

It helps you to describe to us how your pain has been. A pain diary also records how medicines, other therapies and your activities affect your pain throughout the day.

## Why should I keep a pain diary?

A pain diary can help us, you and your healthcare team in the future, to:

- understand what makes your pain worse and what helps to relieve your pain
- track your response to your pain management plan, including changes in your medicines or other therapies.

## When should I use a pain diary?

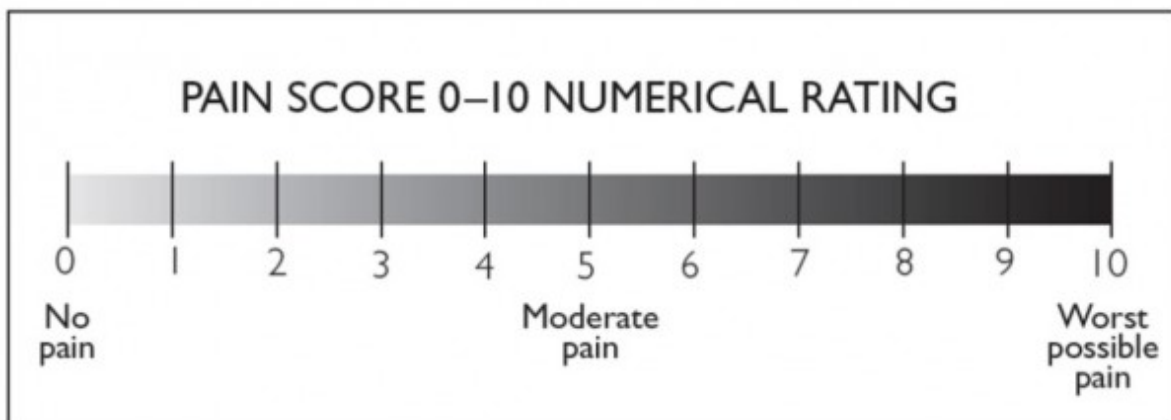
Use your pain diary as often as you can, but at least once a day. This may include when you have ongoing pain, changes in your activity levels or changes in your medicines.

The more information you record in your pain diary, the more helpful it will be.

## How do I complete a pain diary?

Record all the information that is relevant to your pain in the diary over the page. You may not need to fill out all columns each time.

To complete the diary, use the rating scale (below) to rate your Pain. A zero (0) means no pain and a ten (10) means worst possible pain. Select the number that best describes your pain.



| <b>DATE AND TIME</b> | <b>DESCRIBE AND RATE YOUR PAIN</b> (e.g. how long it lasts, where it is, what it feels like – dull, sharp, stabbing, rate 0-10) | <b>WHAT MADE YOUR PAIN WORSE?</b> | <b>WHAT DID YOUR PAIN MAKE YOU FEEL? WHAT WERE YOU FEARFUL OF? WHAT WERE YOU CONFIDENT ABOUT?</b> | <b>WHAT HELPED YOU GET THROUGH THE DAY?</b> | <b>DESCRIBE YOUR ACTIVITY LEVEL AND MOOD</b> (Has the pain affected your daily life, such as sleep, work social life etc) | <b>COMMENTS</b> |
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| <b>DATE AND TIME</b> | <b>DESCRIBE AND RATE YOUR PAIN</b><br>(e.g. how long it lasts, where it is, whether it moves, what it feels like – dull, sharp, stabbing, rate 0-10) | <b>WHAT MADE YOUR PAIN WORSE?</b> | <b>WHAT DID YOUR PAIN MAKE YOU FEEL?</b><br><b>WHAT WERE YOU FEARFUL OF?</b><br><b>WHAT WERE YOU CONFIDENT ABOUT?</b> | <b>WHAT HELPED YOU GET THROUGH THE DAY?</b> | <b>DESCRIBE YOUR ACTIVITY LEVEL AND MOOD</b> (Has the pain affected your daily life, including sleep, work social life etc) | <b>COMMENTS</b> |
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