

# Arthritis Pain Management Diary

The following Pain Passport has been developed to help you keep track of your arthritis treatment plans and to help keep your health care providers informed of each other's recommendations – so they can care for you in a collaborative way. The Arthritis Pain Diary may also help you better communicate your pain to help your caregivers more effectively manage your osteoarthritis. We encourage you to download the Pain Passport, and use it with your healthcare team.

## 1.0 Treatment / Management Tracker

### 1.1 What types of health care professionals do you use to help you manage your arthritis?

Current health care providers:

- |                                           |                                                 |                                                   |
|-------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Family physician | <input type="checkbox"/> Acupuncturist          | <input type="checkbox"/> Dietician / Nutritionist |
| <input type="checkbox"/> Pain specialist  | <input type="checkbox"/> Physiotherapist        | <input type="checkbox"/> Social Worker            |
| <input type="checkbox"/> Rheumatologist   | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Pharmacist               |
| <input type="checkbox"/> Naturopath       | <input type="checkbox"/> Orthopaedic surgeon    | <input type="checkbox"/> Other _____              |

Past health care providers:

- |                                           |                                                 |                                                   |
|-------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Family physician | <input type="checkbox"/> Acupuncturist          | <input type="checkbox"/> Dietician / Nutritionist |
| <input type="checkbox"/> Pain specialist  | <input type="checkbox"/> Physiotherapist        | <input type="checkbox"/> Social Worker            |
| <input type="checkbox"/> Rheumatologist   | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Pharmacist               |
| <input type="checkbox"/> Naturopath       | <input type="checkbox"/> Orthopaedic surgeon    | <input type="checkbox"/> Other _____              |

### 1.2 What types of recommendations have they made to help you treat your arthritis?

- |                                                          |                                                                                                |                                      |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Dietary changes                 | <input type="checkbox"/> Massage                                                               | <input type="checkbox"/> Surgery     |
| <input type="checkbox"/> Exercises                       | <input type="checkbox"/> Rest                                                                  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical devices (e.g., splints) | <input type="checkbox"/> Medications (prescription, over-the-counter and alternative / herbal) | _____                                |
| <input type="checkbox"/> Creams / gels                   |                                                                                                |                                      |
| <input type="checkbox"/> Heat / cold                     |                                                                                                |                                      |

### 1.3. What seems to work best to help relieve your arthritis (pain, symptoms)?

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1.4 What medications (prescription, over-the-counter and alternative/herbal) are you currently taking to treat your arthritis pain? (including information such as medication name, dose per tablet/injection/patch, number taken at a time, frequency of dosing/day)

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1.5 What other medications (prescription, over-the-counter and alternative/herbal) are you currently taking? (including information such as medication name, dose per tablet/injection/patch, number taken at a time, frequency of dosing/day)

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1.6 Have you had any negative reactions from any of these medications? Is so, please describe them here:

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1.7 Please list any allergies you have:

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1.8 Please list any dietary restrictions you have:

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1.9a Have you had any imaging (i.e., MRI, X-Ray, etc.)?

☐ Yes

☐ No

1.9b If yes, please fill out the following:

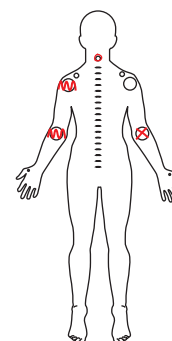
Type of Imaging Test	Part of body tested	Date of Test	Results of Test



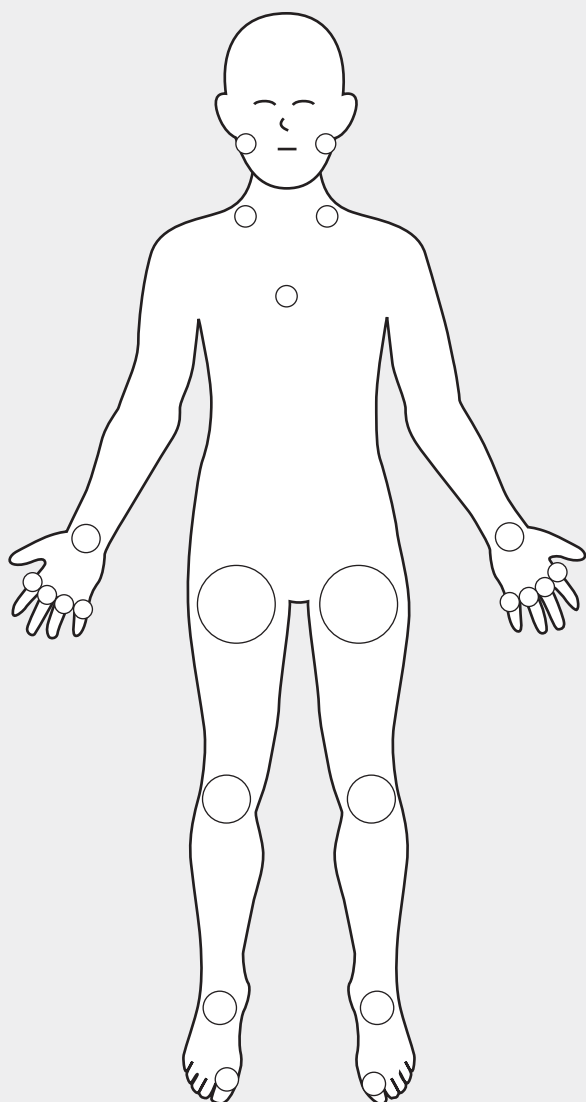
## 2.0 Pinpointing Your Pain

Arthritis pain can often affect multiple parts of your body with varying intensity. In order to help your health care providers target your treatment, please use the diagram below to pinpoint where you feel pain and how intense that pain is. For major pain, mark an **X** in the appropriate circles, place a **W** for moderate pain, and draw a **O** where you feel minor pain.

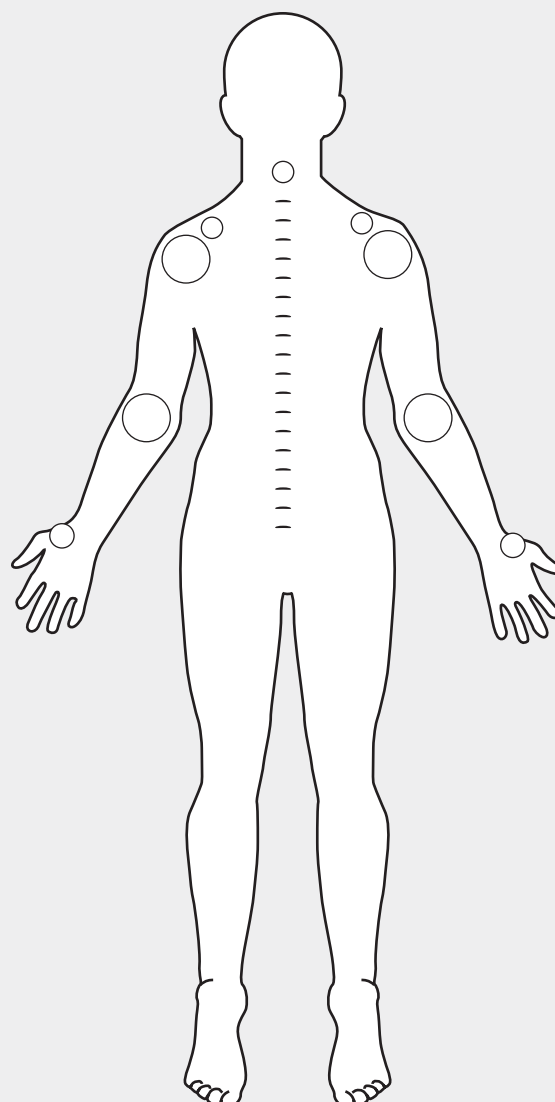
For Example:



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



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



### 3.0 Putting Your Pain Into Words

3.1 Health care professionals cannot see or feel your pain, so help them understand how you feel. Use the words below to make this easier. Please check (✓) the words that best describe your pain.

- |                                           |                                       |                                                |
|-------------------------------------------|---------------------------------------|------------------------------------------------|
| <input type="checkbox"/> sharp            | <input type="checkbox"/> shooting     | <input type="checkbox"/> pins and needles      |
| <input type="checkbox"/> intense          | <input type="checkbox"/> dull         | <input type="checkbox"/> pinching              |
| <input type="checkbox"/> burning          | <input type="checkbox"/> deep         | <input type="checkbox"/> numb                  |
| <input type="checkbox"/> gnawing          | <input type="checkbox"/> superficial  | <input type="checkbox"/> nauseating            |
| <input type="checkbox"/> cramping         | <input type="checkbox"/> throbbing    | <input type="checkbox"/> cutting               |
| <input type="checkbox"/> nagging          | <input type="checkbox"/> radiating    | <input type="checkbox"/> stabbing              |
| <input type="checkbox"/> soreness overall | <input type="checkbox"/> aching       | <input type="checkbox"/> penetrating           |
| <input type="checkbox"/> stinging         | <input type="checkbox"/> excruciating | <input type="checkbox"/> exhausting            |
|                                           |                                       | <input type="checkbox"/> Other (specify) _____ |

3.2 Please list the three words from the list above that **best describe your pain**:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3.3 Put a mark on the line at the point that best describes **HOW MUCH PAIN YOU ARE HAVING RIGHT NOW**.

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

No pain

Very severe pain

### 4.0 Open Up: Talking About Pain

4.1 When does the pain occur? Check (✓) all that apply:

- |                                                   |                                                      |                                                |
|---------------------------------------------------|------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> The pain never goes away | <input type="checkbox"/> The pain flares up suddenly | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> The pain comes and goes  | <input type="checkbox"/> The pain appears gradually  | _____                                          |

4.2 How long does it last?

- |                                                  |                                        |                                         |
|--------------------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Less than a minute      | <input type="checkbox"/> Several hours | <input type="checkbox"/> Several months |
| <input type="checkbox"/> 5-10 minutes            | <input type="checkbox"/> Several days  |                                         |
| <input type="checkbox"/> Half an hour to an hour | <input type="checkbox"/> Several weeks |                                         |

4.3 What time of day does your pain usually occur? Check (✓) all that apply:

- |                                                        |                                                     |                                               |
|--------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Early morning (midnight -5am) | <input type="checkbox"/> Early afternoon (noon-3pm) | <input type="checkbox"/> Night (9pm-midnight) |
| <input type="checkbox"/> Morning (5am-9am)             | <input type="checkbox"/> Late afternoon (3pm-6pm)   | <input type="checkbox"/> All day and night    |
| <input type="checkbox"/> Late morning (9am-noon)       | <input type="checkbox"/> Evening (6pm-9pm)          |                                               |



#### 4.4 Does anything specific trigger your pain (or make it worse)?

- |                                            |                                                                                                     |                                                                     |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> The weather       | <input type="checkbox"/> Not enough exercise                                                        | <input type="checkbox"/> Eating certain foods                       |
| <input type="checkbox"/> Temperature       | <input type="checkbox"/> Making your body work hard (such as lifting, carrying, pushing or pulling) | <input type="checkbox"/> Fatigue                                    |
| <input type="checkbox"/> Moving            | <input type="checkbox"/> Staying in one position too long                                           | <input type="checkbox"/> I cannot say that one thing causes my pain |
| <input type="checkbox"/> Walking           | <input type="checkbox"/> A repetitive motion                                                        | <input type="checkbox"/> Other (specify) _____                      |
| <input type="checkbox"/> Too much exercise |                                                                                                     | _____                                                               |

#### 4.5 Do any of the following help to relieve your pain?

- |                                       |                                                                                                    |                                                           |
|---------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Warm weather | <input type="checkbox"/> Standing                                                                  | <input type="checkbox"/> Other (specify) _____            |
| <input type="checkbox"/> Exercise     | <input type="checkbox"/> Putting something hot on it                                               | <input type="checkbox"/> Nothing seems to relieve my pain |
| <input type="checkbox"/> Stretching   | <input type="checkbox"/> Putting something cold on it                                              | <input type="checkbox"/> Other (specify) _____            |
| <input type="checkbox"/> Rest         | <input type="checkbox"/> Pain relievers - over-the-counter, prescription, or alternative medicines | _____                                                     |
| <input type="checkbox"/> Lying down   |                                                                                                    |                                                           |

#### 4.6 How does your pain affect your activity?

- |                                                             |                                                                 |                                                               |
|-------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> I am unable to go for walks        | <input type="checkbox"/> I am unable to do my job/work          | <input type="checkbox"/> I am unable to have sexual relations |
| <input type="checkbox"/> I need help carrying heavy parcels | <input type="checkbox"/> I am unable to care for myself         | <input type="checkbox"/> Loss of strength                     |
| <input type="checkbox"/> I am unable to do household tasks  | <input type="checkbox"/> I need help with day-to-day activities | <input type="checkbox"/> My pain does not affect activities   |
|                                                             | <input type="checkbox"/> I am unable to socialize with friends  | <input type="checkbox"/> Other (specify) _____                |
|                                                             |                                                                 | _____                                                         |

#### 4.7 Did you stop any activities because of your pain? Are you doing any activities differently?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4.8 Does your pain affect your sleep?

- ☐ Yes ☐ No ☐ Sometimes

#### 4.9 Does your pain interfere with working or your involvement in community activities?

- |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes, I have to take more sick days or cancel community activities due to the pain.<br>If yes, how often?<br><input type="checkbox"/> 1 day a month<br><input type="checkbox"/> 2 days a month<br><input type="checkbox"/> 3 days a month<br><input type="checkbox"/> 4 days a month<br><input type="checkbox"/> More than 4 days a month | <input type="checkbox"/> No, it does not interfere with working or my involvement in community activities.<br><input type="checkbox"/> Other (specify) _____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## 5.0 Address Book And Appointment Schedule

It can often be difficult keeping track of your health care providers recommendations and each of your appointments. However, it is important to record this information so that all of your providers are kept aware of your treatment progress. Using the address book and appointment schedule below will allow you to keep all pertinent information in a single document.

[illegible]

### Health Care Provider 2 - Contact Details

Name:

Address:

Type of Health Care Provider:

Telephone:

Date

Notes


### Health Care Provider 3 - Contact Details

Name:

Address:

Type of Health Care Provider:

Telephone:

Date

Notes




#### Health Care Provider 4 - Contact Details

Name:

Address:

Type of Health Care Provider:

Telephone:

Date

Notes


#### Health Care Provider 5 - Contact Details

Name:

Address:

Type of Health Care Provider:

Telephone:

Date

Notes




## 6.0 The Arthritis Society's Recommended Resources

### 6.1 How to Choose What Information to Use

There are many different arthritis-related resources available in bookstores and over the Internet.

#### Checklist

When deciding what information to use, you may wish to consider the following questions:

- ☐ Is the author an expert in the field with recognized credentials?
- ☐ Is the information up-to-date and relevant to my type of arthritis and situation?
- ☐ Is the information Canadian-based?
- ☐ Is the resource easy to use, with understandable, reader-friendly language?
- ☐ Does the resource provide well-balanced information and avoid promises of “quick fix” solutions or “cures”?
- ☐ Does the information encourage me to consult with my physician or health care team?

When you are “surfing the net,” consider the source of the information. Be cautious of information that is designed to sell something such as a particular product or service. Some clues about the type of site you are visiting may be available in the Website address. For example, generally, Websites that end in “.ca” tend to be Canadian sites and those that end in “.com” tend to be commercial sites. Some Websites end in “.edu” which indicates that they are educational institutions. When in doubt about the quality of any information, it is best to consult with your health care provider.

### 6.2 The Arthritis Society Website Resources

The Website of The Arthritis Society ([www.arthritis.ca](http://www.arthritis.ca)) provides a wide range of information in both English and French about types of arthritis, tips for living well with arthritis, and programs available across Canada.

**Research:** There is information about arthritis research ([www.arthritis.ca/research](http://www.arthritis.ca/research)) including Cochrane Reviews of Arthritis Treatments.

**Education:** There is specific information on the Website about arthritis and its treatment, as well as information about other educational programs offered by The Arthritis Society. The Arthritis Self-Management Program (ASMP) is a health promotion program designed to help people with arthritis better understand and cope with arthritis and to take an active role in its management. The Arthritis Society also offers a variety of educational forums for the public. If you have not been to the Website of The Arthritis Society before, you may wish to look at the “First Time Visitor” information on the opening page. This section will identify some key areas that may be of interest to you. When you visit the site map, you will see the wide variety of resources available on The Arthritis Society Website including the Arthritis Bookstore; Ask the Expert; and the Open Forum Community.

### 6.3 Recommended books and videos

This section provides information about recommended books and videos. To find or review any of the books and videos:

- check your local library or bookstore;
- check with your health care provider;
- call your local office of The Arthritis Society or check its Website at [www.arthritis.ca](http://www.arthritis.ca);
- call The Arthritis Society, toll-free, at 1-800-321-1433;
- call the Arthritis Foundation, toll-free, at 1-800-283-7800 or check its Website at [www.arthritis.org/afstore](http://www.arthritis.org/afstore).



## 6.4 Books for General Information On Arthritis

### Living Well with Arthritis

Authors:	Dianne Mosher, Howard Stein and Gunnar Kraag
Year of Publication:	2002
Approximate Cost:	\$29
ISBN:	0-670-04337-0
Publisher:	Viking Canada

**Description:** Written by three Canadian rheumatologists, this book is a comprehensive, readable reference book outlining many types of arthritis. It also describes the arthritis health care team and current treatments, including medications, complementary therapies, exercise, and surgical procedures. Common concerns dealing with pain and fatigue, sexuality, pregnancy, disability and workplace issues are addressed. Resources available in Canada are listed.

### The Essential Arthritis Cookbook

Author:	The Arthritis Centre
Year of Publication:	1995
Approximate Cost:	\$40
ISBN:	0-9620471-6-3
Publisher:	Appletree Press, Inc., Minnesota

**Description:** Designed for people with arthritis, fibromyalgia, chronic pain and fatigue, this book demonstrates that paying attention to diet may help reduce pain, swelling and stiffness. It describes ways of changing eating and cooking habits to make life easier and contains 125 easy-to-prepare recipes that require few ingredients and minimal clean-up. Adaptive equipment, kitchen layout, time-saving tips, and special meal preparation methods are included.

## 6.5 Books on Arthritis Self-Management

### The Arthritis Helpbook: A Tested Self-Management Program For Coping with Arthritis and Fibromyalgia, Fifth Edition (Available in English and French)

Authors:	Kate Lorig and James Fries
Year of Publication:	2000
Approximate Cost:	\$30
ISBN:	0-7382-0224-X
Publisher:	Perseus Books, Massachusetts

**Description:** This book is used in the Arthritis Self-Management Program (ASMP). Contents include: understanding the different types of arthritis and fibromyalgia; techniques for reducing pain; maintaining a healthy weight; designing a personal exercise program; finding tips and gadgets for making daily activities easier; communicating with family, friends and doctors; overcoming fatigue and depression. It outlines available arthritis medications and surgery.



## The Arthritis Foundation's Tips for Good Living with Arthritis

Author:	Shelley Peterman Schwarz with the Arthritis Foundation
Year of Publication:	2001
Approximate Cost:	\$15
ISBN:	0-912423-27-7
Publisher:	The Arthritis Foundation

**Description:** This book provides information to help people understand arthritis and tips for becoming a good self-manager. Content covers how to live well with arthritis at home, while travelling, in the workplace and during outdoor activities. It also describes devices and techniques to help protect your joints and make your home safe.

## 6.6 Exercise Books for Arthritis

### Action Plan for Arthritis

Author:	A. Lynn Miller
Year of Publication:	2003
Approximate Cost:	\$30
ISBN:	0-7360-4651-8
Publisher:	Human Kinetics

**Description:** This book is part of the American College of Sports Medicine Series Action Plan for Health and is written by a physiotherapist for people with arthritis and those who work with them. Based on a review of current literature, this book provides detailed information about exercising with arthritis and how to build strength, flexibility and endurance while protecting painful joints. Topics include alternative exercise programs and how to stay on track.

## 6.7 Pamphlets

Call The Arthritis Society at 1-800-321-1433 or visit [www.arthritis.ca/publications](http://www.arthritis.ca/publications) for pamphlets dealing with specific types of arthritis, medications, exercise, self-management programs, and community arthritis programs.

**For more information about arthritis, contact your local office of The Arthritis Society.**

*This pain management diary was developed by McNeil Consumer Healthcare Division of McNeil PDI Inc., the makers of TYLENOL® Arthritis Pain, in conjunction with The Arthritis Society and the Canadian Pharmacists Association.*

