

Pain Diary for Trigeminal neuralgia

Instructions: For each day please indicate time and severity of pain episodes on a scale of 0 – 10 , with 0 indicating No pain and 10 for Maximum pain (See picture below)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date: ____/____/____ dd mm yyyy	Date: ____/____/____ dd mm yyyy	Date: ____/____/____ dd mm yyyy	Date: ____/____/____ dd mm yyyy	Date: ____/____/____ dd mm yyyy	Date: ____/____/____ dd mm yyyy	Date: ____/____/____ dd mm yyyy
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Record Additional episodes here

Who is completing the pain diary? (Choose all that apply) ☐ Patient ☐ Caregiver

ಸಂಹಿತಾ SAMHITAA

Center for Mouth Diseases and Orofacial Pain

Oral Medicine ● Diagnosis ● Radiology ● Research

