Pain Diary for Trigeminal Neuralgia

Version 2

Insructions: 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

Date: ____/___ /_____	**Date:** ____/___ /_____	**Date:** ____/___ /_____
dd mm yyyy	dd mm yyyy	dd mm yyyy
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Date: ____/___ /_____	**Date:** ____/___ /_____	**Date:** ____/___ /_____
dd mm yyyy	dd mm yyyy	dd mm yyyy
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Date: ____/___ /_____	**Date:** ____/___ /_____	**Date:** ____/___ /_____
dd mm yyyy	dd mm yyyy	dd mm yyyy
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Date: ____/___ /_____	**Date:** ____/___ /_____	**Date:** ____/___ /_____
dd mm yyyy	dd mm yyyy	dd mm yyyy
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**
Time: **Score:**	**Time:** **Score:**	**Time:** **Score:**

0   1   2   3   4   5   6   7   8   9   10