

# Cancer Pain Control Worksheet

The key to getting the most from your pain-control plan? Communication! Fill out this worksheet and take it to your next exam so your doctor can help you get the relief you need.



1. Where it hurts: \_\_\_\_\_
2. What time of day pain occurs: \_\_\_\_\_
3. How many days of the week pain occurs: \_\_\_\_\_
4. How long pain lasts (example: one hour, four hours, all day): \_\_\_\_\_
5. How severe the pain is, on a scale of 0 to 10, with 0 as no pain and 10 as the worst pain possible: \_\_\_\_\_
6. What the pain feels like (aching, burning, throbbing, stabbing, pressure, etc.): \_\_\_\_\_
7. What makes the pain worse? \_\_\_\_\_
8. What makes the pain better? \_\_\_\_\_
9. How does the pain affect your life? (your sleep, appetite, activities—the more specific you can be, the better) \_\_\_\_\_
10. What medications (and dosages) you've used, and how they've helped: \_\_\_\_\_