

Back pain management programme

Activity diary

This activity diary should be completed for one week prior to attending the back pain management programme. It will be used during the programme to look at how pain can vary according to activities, mood, time of day and pain relief measures.

During the programme you will examine the diary to see the extent that your lifestyle has been affected, it will also be useful as a reference for you while on the programme when learning new skills.

To fill in the diary:

- Fill in the day and the date at the top of the page.
- For each hour you are the awake, write in the main activity you were doing, remember to add if it was carried out in standing or sitting if appropriate.
- Write down any main thoughts you were having, or comment on your general mood at that time.
- Write down your pain level, where 0 is no pain and 10 is the worst pain.
- Document any medication taken, the name and the amount.
- Document any other pain relieving techniques used, for example relaxation, T.E.N.S.

Example of diary entries:

Time	Activity	Thinking / Mood	Pain	Medication taken	Other relief measures taken
0800 - 0900	Getting up, washed and dressed etc.	I've got a lot of things to do today	5	/	/
0900 - 1000	Cleaning / vacuuming	That it takes so long	7	/	T.E.N.S. machine
1000 - 1100	Shopping	Stressed about visitors this evening	8	2 co-proxamol	/
1100 - 1200	Sat watching TV	Really fed up. Why is pain still so bad?	7½	/	Rest

You will need to bring the completed diary along with you to the programme.

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Date and day of the week: _____

Time	Main activity	What I was thinking / my mood	Pain level	Medication taken	Other relief measures taken
0100 - 0200					
0200 - 0300					
0300 - 0400					
0400 - 0500					
0500 - 0600					
0600 - 0700					
0700 - 0800					
0800 - 0900					
0900 - 1000					
1000 - 1100					
1100 - 1200					
1200 - 1300					
1300 - 1400					

1400 - 1500					
1500 - 1600					
1600 - 1700					
1700 - 1800					
1800 - 1900					
1900 - 2000					
2000 - 2100					
2100 - 2200					
2200 - 2300					
2300 - 2400					

Please include the time you went to bed, your waking time, the number of times you woke during the night and how rested you felt in the morning (0-5: 0 = not rested, 5 = fully rested).

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0400 - 0500					
0500 - 0600					
0600 - 0700					
0700 - 0800					
0800 - 0900					
0900 - 1000					
1000 - 1100					
1100 - 1200					
1200 - 1300					
1300 -					

1400					
1400 - 1500					
1500 - 1600					
1600 - 1700					
1700 - 1800					
1800 - 1900					
1900 - 2000					
2000 - 2100					
2100 - 2200					
2200 - 2300					
2300 - 2400					

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