CancerCare MANITOBA

Breakthrough Pain Diary

Record all breakthrough medications you take here.

- Take this to your health care appointments.
- If your pain is **not** well controlled call your health care team.

Date	Time	Rate your pain (see 0-10 or faces scale)	Breakthrough dose used	Comments (activity that caused the pain, why medication was taken, if the medication helped, or other concerns)

Faces Pain Scale – Revised ©2001, International Association for the Study of Pain

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