

# Patient Pain Tracker—Fibromyalgia

This Pain Tracker will help you have a discussion with your healthcare provider about your treatment in order to determine if an adjustment to your dosage is needed. Fill out the information below each week, and take this card with you to your next appointment.

- Please rate the average severity of pain that you experienced during the last week using a 0-10 scale: no pain (0), worst possible pain (10).

Date	Above the waist	Below the waist	Right side	Left side

- In the last week, has your FM pain been accompanied by any of the following symptoms? Please give an average rating for the types of pain, using a 0-10 scale: no pain (0), worst possible pain (10).

Date	Muscle tenderness	Sensitivity to touch	Morning stiffness	Radiating pain

- In the last week, has your FM pain interfered with the ability to do any of the following things? (Check all that apply.)

Date	Sleep	Take care of family	Work	Socialize

- In the last week, has it been easier to do any of the following activities? (Check all that apply.)

Date	Walking	Biking	Jogging	Yoga	Other

Additional notes: \_\_\_\_\_