

Patient Pain Tracker—Painful DPN

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	Feet	Hands

- Please check any pain descriptors you have experienced in the last week. (Check all that apply.)

Date	Cramping	Tingling	Pressure	Burning pain	Shooting pain	Stabbing pain	Pins & needles

- What time of the day does your pain generally worsen? (Check all that apply.)

Date	Morning	Evening	Afternoon	While sleeping

- In the last week, has your painful diabetic peripheral neuropathy (painful DPN) interfered with the ability to do any of the following things? (Check all that apply.)

Date	Get in or out of bed	Climb stairs	Get in or out of a car	Get in or out of a chair	Chores	Walk	Work	Sleep

Additional notes: _____