DK Law

INJURY & PAIN JOURNAL

Daily Entry Template

Date: _____ Day of Week: _____

Pain & Symptom Tracking

Circle your pain level for each time of day (1 = almost no pain, 10 = extreme pain)

MORNING

1 2 3 4 5 6 7 8 9 10

AFTERNOON

1 2 3 4 5 6 7 8 9 10

NIGHT

1 2 3 4 5 6 7 8 9 10

PAIN LOCATIONS & DESCRIPTION *(e.g., Lower back – sharp, shooting)*

NEW OR WORSENING SYMPTOMS

SLEEP QUALITY (1-10) ☐ HOURS SLEPT ☐

PAIN-RELATED SLEEP DISRUPTIONS

Physical Limitations & Activities

ACTIVITIES I COULD NOT DO TODAY (CHECK ALL THAT APPLY)

- ☐ Walking (More than ___ minutes)
- ☐ Lifting (More than ___ lbs)
- ☐ Driving
- ☐ Personal Care: _____
- ☐ Climbing Stairs
- ☐ Standing for Extended Periods
- ☐ Exercise/Sports
- ☐ Bending/Stooping
- ☐ Sitting Comfortably
- ☐ Household Chores: _____
- ☐ Other: _____

ACTIVITIES I NEED HELP WITH *(e.g., Carrying groceries, bathing, getting dressed, childcare)*

HOURS RESTING ☐ ICE/HEAT USES ☐ HOURS IN PAIN ☐ HOURS WITH LIMITED ACTIVITY ☐

Emotional & Mental Well-Being

MOOD TODAY (CHECK ALL THAT APPLY)

- ☐ Frustrated
- ☐ Hopeful
- ☐ Anxious
- ☐ Overwhelmed
- ☐ Depressed
- ☐ Angry
- ☐ Other: _____

EVENTS / ACTIVITIES I MISSED

RELATIONSHIPS AFFECTED

This journal is for documentation purposes only and does not constitute legal or medical advice. Keep in a safe place.

555 Anton Blvd. #600
Costa Mesa, 92626 CA
dklaw.com