

Fabry Disease – Pain Diary

ID: F **Patient Name:**
Month: **Year:**

Please complete the scale below every evening, describing the average pain felt throughout the day. All medication taken to control pain should also be recorded alongside the scale. If you are experiencing any acute illness, please record the dates, symptoms and any treatment sought in the additional comments section.

Day	Pain level today scale of 0 (none) to 10 (severe).										Name and dose of analgesic medications taken today	Any illness? Y/N	
	0	1	2	3	4	5	6	7	8	9			10
1	0	1	2	3	4	5	6	7	8	9	10		
2	0	1	2	3	4	5	6	7	8	9	10		
3	0	1	2	3	4	5	6	7	8	9	10		
4	0	1	2	3	4	5	6	7	8	9	10		
5	0	1	2	3	4	5	6	7	8	9	10		
6	0	1	2	3	4	5	6	7	8	9	10		
7	0	1	2	3	4	5	6	7	8	9	10		
8	0	1	2	3	4	5	6	7	8	9	10		
9	0	1	2	3	4	5	6	7	8	9	10		
10	0	1	2	3	4	5	6	7	8	9	10		
11	0	1	2	3	4	5	6	7	8	9	10		
12	0	1	2	3	4	5	6	7	8	9	10		
13	0	1	2	3	4	5	6	7	8	9	10		
14	0	1	2	3	4	5	6	7	8	9	10		
15	0	1	2	3	4	5	6	7	8	9	10		
16	0	1	2	3	4	5	6	7	8	9	10		
17	0	1	2	3	4	5	6	7	8	9	10		
18	0	1	2	3	4	5	6	7	8	9	10		
19	0	1	2	3	4	5	6	7	8	9	10		
20	0	1	2	3	4	5	6	7	8	9	10		
21	0	1	2	3	4	5	6	7	8	9	10		
22	0	1	2	3	4	5	6	7	8	9	10		
23	0	1	2	3	4	5	6	7	8	9	10		
24	0	1	2	3	4	5	6	7	8	9	10		
25	0	1	2	3	4	5	6	7	8	9	10		
26	0	1	2	3	4	5	6	7	8	9	10		
27	0	1	2	3	4	5	6	7	8	9	10		
28	0	1	2	3	4	5	6	7	8	9	10		
29	0	1	2	3	4	5	6	7	8	9	10		
30	0	1	2	3	4	5	6	7	8	9	10		
31	0	1	2	3	4	5	6	7	8	9	10		

Additional Comments: