

Pain, Sleep and Fatigue Diary

Daily self-report record · four-week form

Purpose	A daily record of pain, sleep, fatigue and functional capacity, completed by the respondent. Yields a count of days by functional category across the recording period, daily severity ratings for pain and fatigue, sleep duration and night waking, and a record of delayed symptom exacerbation.
Respondent	Self-completed. May be completed with assistance where recorded on the form.
Recall period	Same day.
Frequency	Once daily, at the end of the day.
Completion time	Expected one minute per day. Note if taking longer, and the reason why.
Recording period	Four weeks per form.
Scoring	Totals are derived on the final page after the recording period ends.

INSTRUCTIONS TO THE RESPONDENT

1. Complete one row each day, at the end of the day.
2. Record the current day only. Do not complete entries retrospectively.
3. If a day is missed, leave the row blank. Do not estimate.
4. There are no right or wrong answers. Record what occurred.
5. Where writing is difficult, complete the day type and the numerical ratings only.

DAY TYPE — RESPONSE CATEGORIES

G	Good	Planned activities completed, without subsequent symptom increase.
O	Ordinary	Activities completed at reduced pace, or with tasks omitted or deferred.
H	Hard	Minimal activity achieved; most of the day spent managing symptoms.
B	Bed	Unable to initiate activity; most of the day spent in bed or recumbent.

Select one category per day. Where two apply, select the closer; consistent application matters more than precision.

ITEM NOTES

<i>Pain, fatigue</i>	Worst severity that day, 0–10 numerical rating scale. 0 = none; 10 = worst imaginable.
<i>Sleep</i>	Total hours slept, and number of night wakings.
<i>Delayed exacerbation</i>	Where the day's symptoms follow activity undertaken earlier, record the interval: Y yesterday, 2 two days ago, 3+ three or more days ago. Leave blank where not applicable.
<i>Activity</i>	Brief note of what was done, and what was not completed.
<i>Assistance</i>	Recorded weekly: person, task, approximate duration.

Week 1

NAME _____ WEEK BEGINNING _____ / _____ / _____

DAY	DAY TYPE select one	SLEEP hours	WAKING count	PAIN, WORST 0–10	FATIGUE, WORST 0–10	DELAYED interval	ACTIVITY · TASKS NOT COMPLETED
Monday ___/___	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Tuesday ___/___	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Wednesday ___/___	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Thursday ___/___	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Friday ___/___	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Saturday ___/___	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Sunday ___/___	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	

ASSISTANCE RECEIVED THIS WEEK person · task · approximate duration

Week 2

NAME _____ WEEK BEGINNING _____ / _____ / _____

DAY	DAY TYPE select one	SLEEP hours	WAKING count	PAIN, WORST 0–10	FATIGUE, WORST 0–10	DELAYED interval	ACTIVITY · TASKS NOT COMPLETED
Monday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Tuesday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Wednesday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Thursday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Friday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Saturday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Sunday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	

ASSISTANCE RECEIVED THIS WEEK person · task · approximate duration

Week 3

NAME _____ WEEK BEGINNING _____ / _____ / _____

DAY	DAY TYPE select one	SLEEP hours	WAKING count	PAIN, WORST 0–10	FATIGUE, WORST 0–10	DELAYED interval	ACTIVITY · TASKS NOT COMPLETED
Monday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Tuesday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Wednesday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Thursday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Friday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Saturday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Sunday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	

ASSISTANCE RECEIVED THIS WEEK person · task · approximate duration

Week 4

NAME _____ WEEK BEGINNING _____ / _____ / _____

DAY	DAY TYPE select one	SLEEP hours	WAKING count	PAIN, WORST 0–10	FATIGUE, WORST 0–10	DELAYED interval	ACTIVITY · TASKS NOT COMPLETED
Monday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Tuesday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Wednesday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Thursday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Friday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Saturday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	
Sunday ____/____	G O H B			0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	Y 2 3+	

ASSISTANCE RECEIVED THIS WEEK person · task · approximate duration

Scoring

NAME _____ PERIOD _____ / _____ TO _____ / _____

Complete after the final week. All totals are derived from the daily entries. Blank rows are excluded from the denominator and are not estimated.

1 · Day type — frequency

Good _____ days	Ordinary _____ days	Hard _____ days	Bed _____ days	Days recorded _____ denominator
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2 · Severity and sleep

Pain, median of daily worst scores	_____
Pain, highest score recorded	_____
Fatigue, median of daily worst scores	_____
Sleep, median hours	_____
Night waking, median count	_____
Nights of 6 hours or fewer	_____

3 · Temporal pattern

Longest consecutive run of hard or bed days	_____
Discrete exacerbations (runs of 2 or more)	_____
Longest exacerbation, in days	_____
Days with delayed exacerbation recorded	_____
Of those, interval of 2 days or more	_____
Days on which assistance was received	_____

4 · Summary statement

Across _____ days recorded: _____ good, _____ ordinary, _____ hard, and _____ days spent predominantly in bed. Longest consecutive run of hard or bed days: _____. Assistance received on _____ days.

Retain the completed form. Summary totals are to be read with the daily entries, not in place of them.