

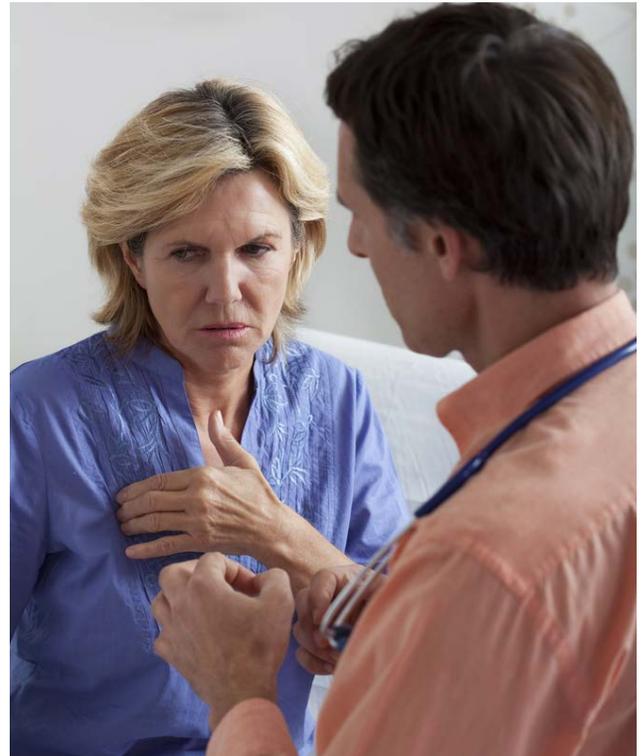
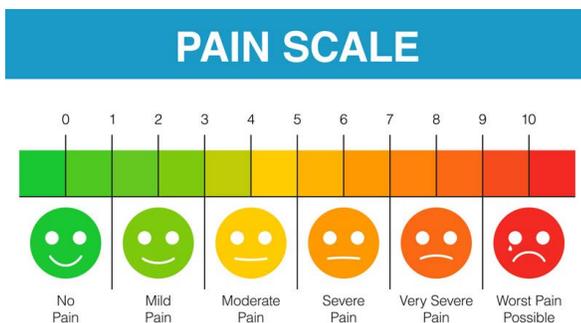
Working With Your Healthcare Team to Relieve Your Cancer Pain

The more information you give to your healthcare providers about your cancer pain, the better they will be able to help you relieve it.

This worksheet may get you started. Review the information on this side of the worksheet. Then fill in the details about your own situation on the other side.

Talking about how severe your pain is

It's important to describe how severe your pain is to your healthcare providers. You can use a scale that rates your pain on a scale from 0 to 10, with 0 being no pain and 10 being the worst possible pain.



Describing how your pain feels

It can be hard to talk about how your pain feels. Here are some words you can use to describe your pain to your healthcare providers:

- Superficial (at skin level)
- Deep (as though it comes from inside the body)
- Dull
- Sharp, or stabbing (piercing or like a knife)
- Hot (burning or on fire)
- Cold (like ice or freezing)
- Sensitive (like sunburned skin or like raw skin)
- Tender (like a bruise)
- Itchy (like a mosquito bite)
- Shooting (like zapping or like an electric shock)
- Aching (like a toothache)
- Throbbing (a pounding feeling)
- Cramping (like squeezing)
- Tingling (like pins and needles)

Describing how your pain affects your life

Pain can affect almost every aspect of your everyday life. It's important for your healthcare providers to understand how your pain affects you. So think about how you would answer the questions below.

Does your pain:

- Make you feel depressed, cranky, or anxious?
- Stop you from being able to work?
- Make it hard to enjoy time with your family or friends?
- Make it difficult to do the things you need to do at home?
- Get in the way of how well you can eat?
- Stop you from sleeping well?

<http://education.webmd.com/relieving-cancer-pain>

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Tracking Your Pain

This tracker will help you log details about your pain. Before you start writing in the spaces below, you might want to make some copies so that you can track your pain from week to week. Refer to the front of this sheet for more information about how you can describe your pain.

Be sure to bring your tracker with you to your appointments with your healthcare provider. It will help both of you to get a clearer picture of what you are going through. And that will help you work as a team to make a plan to relieve your pain.

Day of the Week	On a scale from 0 (no pain) to 10 (worst possible pain), how bad is your pain?	What does your pain feel like?	How does your pain affect your life?
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Answer the questions below. Write down anything that will help your healthcare team better understand what you're going through.

When does the pain occur (that is, at what time of day or during what particular activity)?

Where does the pain occur (that is, in what body part or area)? _____

Is the pain worse at certain times of the day or night? _____

Does anything you've tried help the pain? _____

Is there anything that seems to make the pain worse? _____

Do you have breakthrough pain (pain that breaks through, or flares up, even when you're using your pain medicine as directed)? _____

Anything else to add? _____
