

DAILY ARTHRITIS JOINT PAIN LOG

Monthly Progress Tracking

Month: _____ Year: _____

DATE	PAIN (1-10)	TIME OF DAY	AFFECTED JOINTS	TRIGGERS / WEATHER	MEDICATION / RELIEF USED
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Weekly Summary & Physician Notes

Pain Scale: 1-3 Mild | 4-6 Moderate | 7-9 Severe | 10 Worst Imaginable