

Weekly Tracker



Stellis Health



When someone is suffering from pain, it can be very difficult to remember everything day-to-day. Having a tracker can help you more accurately communicate how you felt on any given day. A pain tracker helps you keep track of your pain severity levels over time. You can log when your pain starts, daily activities (factors), what makes your pain worse (potential triggers), and what may have helped reduce pain severity (your treatment).

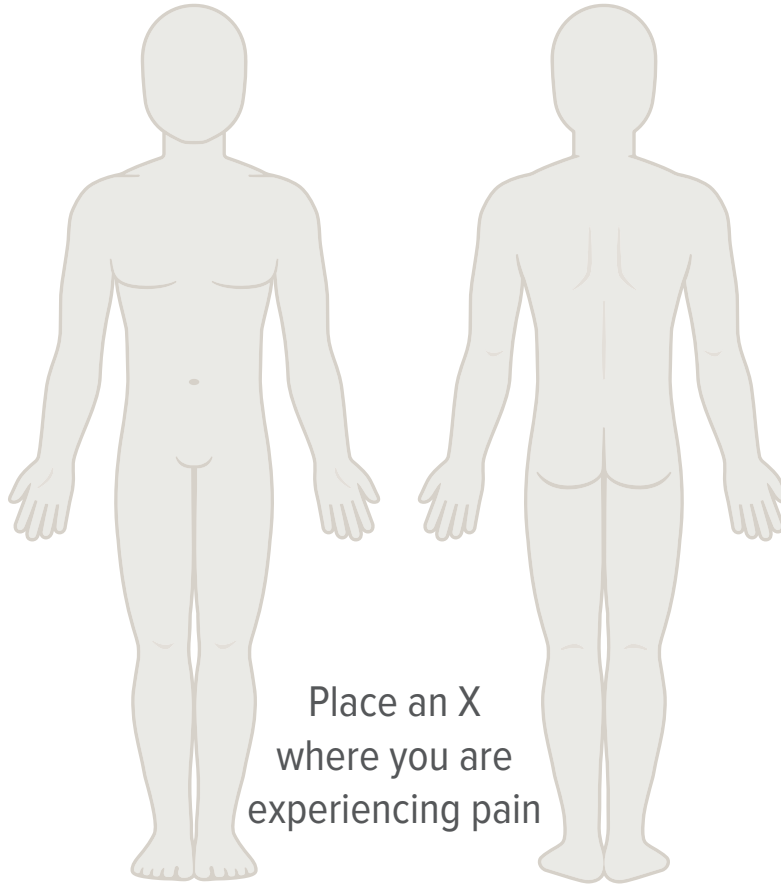
Print this log and keep in a place where it will help remind you to record your pain. Bring your completed log to your next appointment. Sharing this information with your health provider helps them gain additional insights needed to make treatment adjustments quicker leading to better outcomes for you.

At Stellis Health, our team approach brings together specialists in bone, joint and muscle care. We provide the full spectrum of treatment for sports, wear and tear, and most acute musculoskeletal injuries – from conservative, nonsurgical treatments to surgery. With the convenience of having your orthopedic specialist down the hall from your primary care team, you're ensured the continuity of care that provides better outcomes.

Today I felt... _____

Date

___/___/___



- | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tight | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stinging | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Needles | <input type="checkbox"/> Radiating | <input type="checkbox"/> Vibrating | <input type="checkbox"/> Jabbing |
| <input type="checkbox"/> Popping | <input type="checkbox"/> Numbing | | | | |
| <input type="checkbox"/> Stiff | <input type="checkbox"/> _____ | | | | |

- Sleep: <5 _____ 5-6 Hours 7-8 Hours >8
- Exhausted Tired Rested Energetic

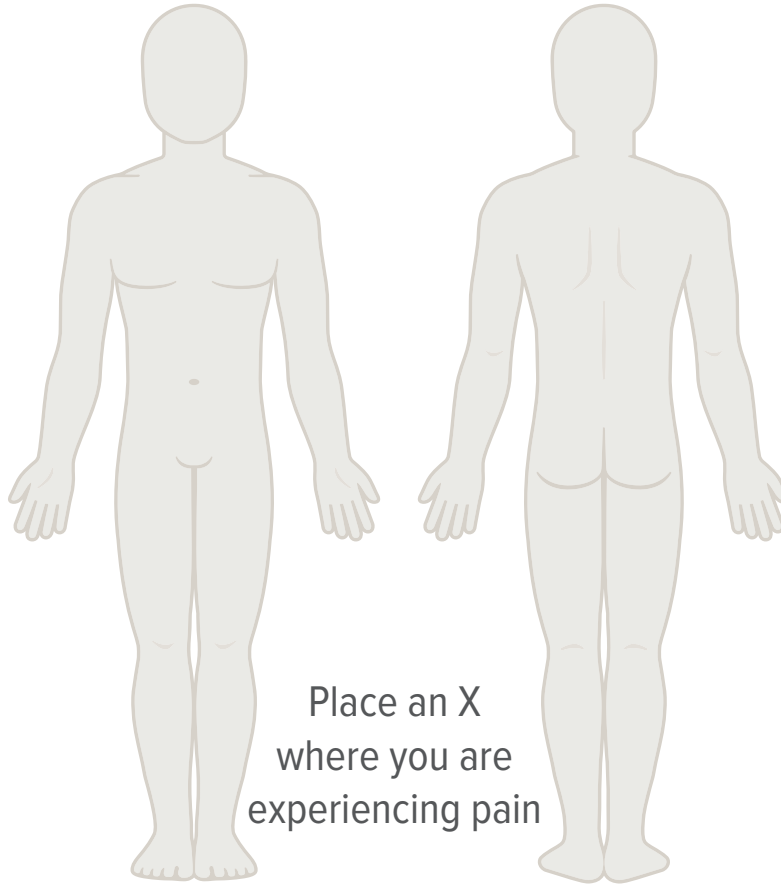
Notes: _____

What types of activities cause you pain:

Today I felt... _____

Date

___/___/___



- | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tight | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stinging | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Needles | <input type="checkbox"/> Radiating | <input type="checkbox"/> Vibrating | <input type="checkbox"/> Jabbing |
| <input type="checkbox"/> Popping | <input type="checkbox"/> Numbing | | | | |
| <input type="checkbox"/> Stiff | <input type="checkbox"/> _____ | | | | |

- Sleep: <5 _____ 5-6 Hours 7-8 Hours >8
- Exhausted Tired Rested Energetic

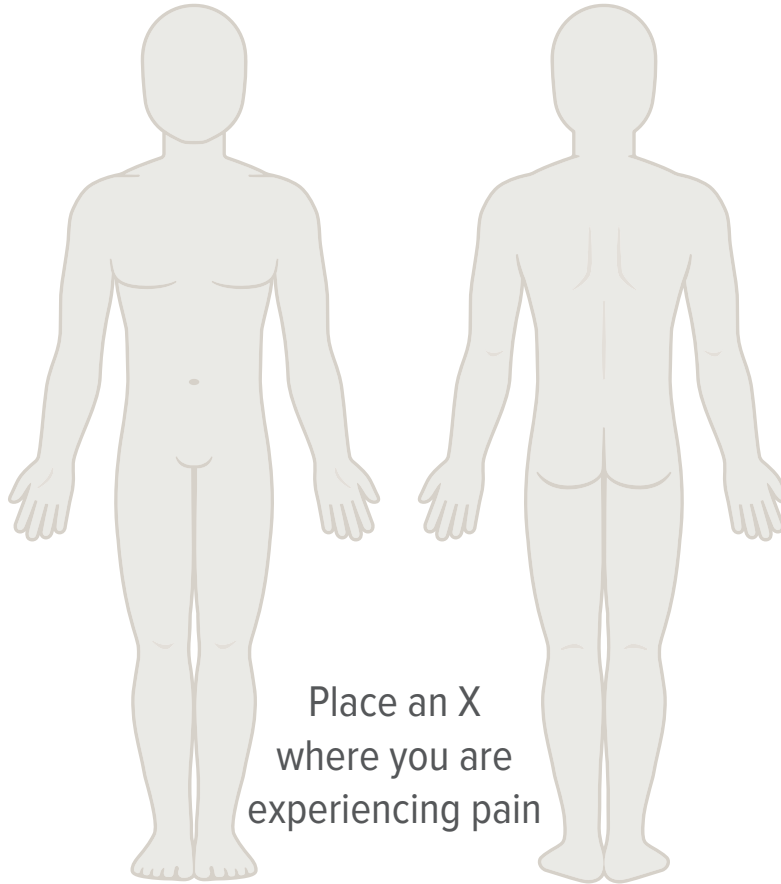
Notes: _____

What types of activities cause you pain:

Today I felt... _____

Date

___/___/___



- | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tight | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stinging | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Needles | <input type="checkbox"/> Radiating | <input type="checkbox"/> Vibrating | <input type="checkbox"/> Jabbing |
| <input type="checkbox"/> Popping | <input type="checkbox"/> Numbing | | | | |
| <input type="checkbox"/> Stiff | <input type="checkbox"/> _____ | | | | |

- Sleep: <5 _____ 5-6 Hours 7-8 Hours >8
- Exhausted Tired Rested Energetic

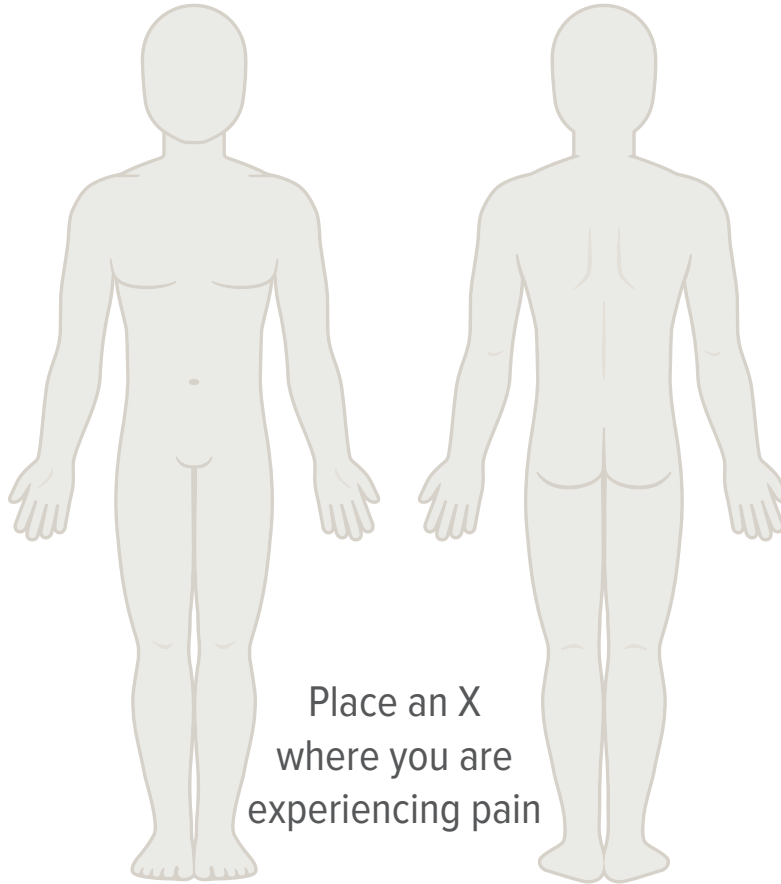
Notes: _____

What types of activities cause you pain:

Today I felt... _____

Date

___/___/___



- | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tight | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stinging | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Needles | <input type="checkbox"/> Radiating | <input type="checkbox"/> Vibrating | <input type="checkbox"/> Jabbing |
| <input type="checkbox"/> Popping | <input type="checkbox"/> Numbing | | | | |
| <input type="checkbox"/> Stiff | <input type="checkbox"/> _____ | | | | |

- Sleep: <5 _____ 5-6 Hours 7-8 Hours >8
- Exhausted Tired Rested Energetic

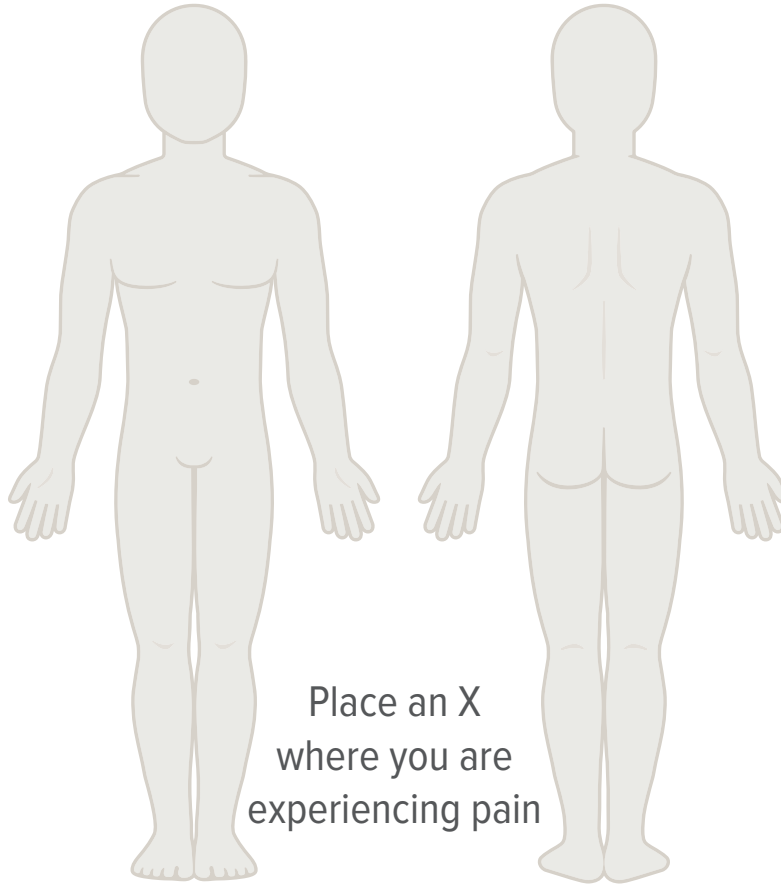
Notes: _____

What types of activities cause you pain:

Today I felt... _____

Date

___/___/___



- | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tight | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stinging | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Needles | <input type="checkbox"/> Radiating | <input type="checkbox"/> Vibrating | <input type="checkbox"/> Jabbing |
| <input type="checkbox"/> Popping | <input type="checkbox"/> Numbing | | | | |
| <input type="checkbox"/> Stiff | <input type="checkbox"/> _____ | | | | |

- Sleep: <5 _____ 5-6 Hours 7-8 Hours >8
- Exhausted Tired Rested Energetic

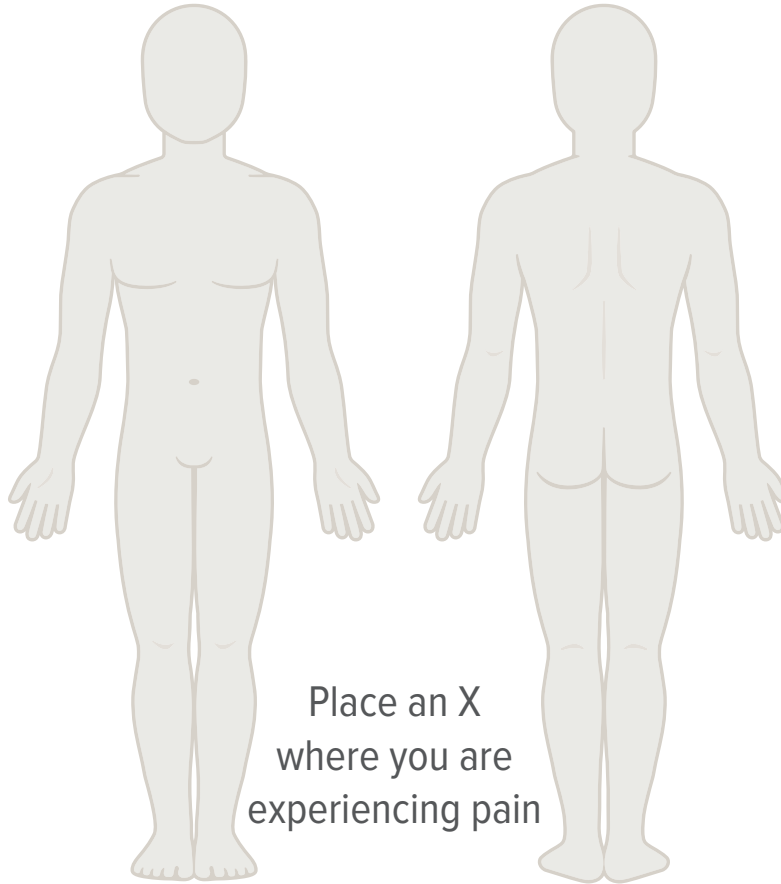
Notes: _____

What types of activities cause you pain:

Today I felt... _____

Date

___/___/___



- | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tight | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stinging | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Needles | <input type="checkbox"/> Radiating | <input type="checkbox"/> Vibrating | <input type="checkbox"/> Jabbing |
| <input type="checkbox"/> Popping | <input type="checkbox"/> Numbing | | | | |
| <input type="checkbox"/> Stiff | <input type="checkbox"/> _____ | | | | |

- Sleep: <5 _____ 5-6 Hours 7-8 Hours >8
- Exhausted Tired Rested Energetic

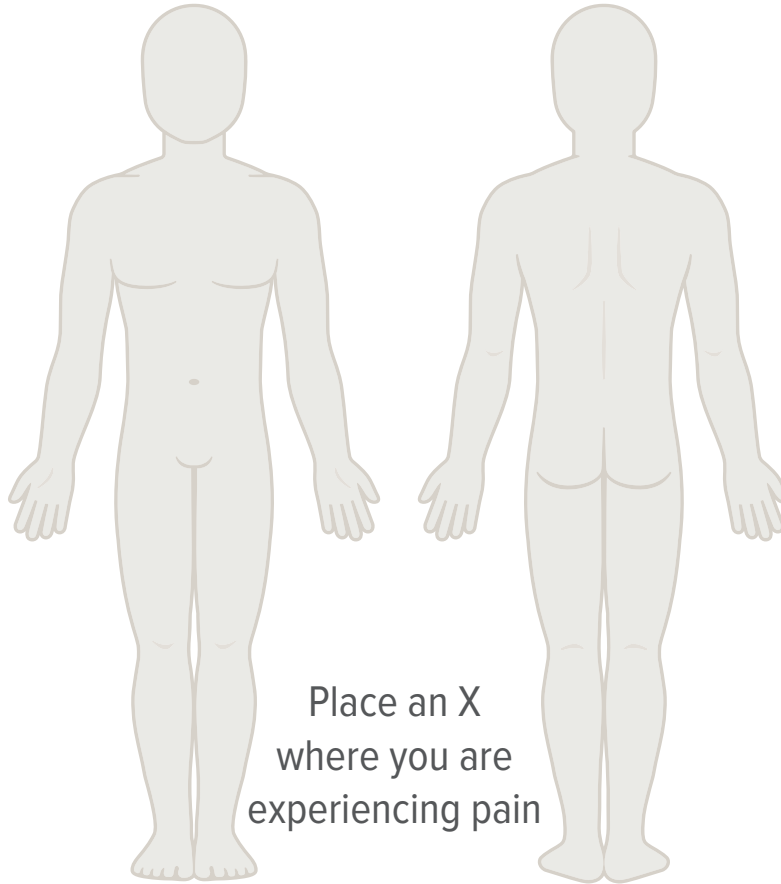
Notes: _____

What types of activities cause you pain:

Today I felt... _____

Date

___/___/___



- | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tight | <input type="checkbox"/> Shooting | <input type="checkbox"/> Stinging | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Needles | <input type="checkbox"/> Radiating | <input type="checkbox"/> Vibrating | <input type="checkbox"/> Jabbing |
| <input type="checkbox"/> Popping | <input type="checkbox"/> Numbing | | | | |
| <input type="checkbox"/> Stiff | <input type="checkbox"/> _____ | | | | |

- Sleep: <5 _____ 5-6 Hours 7-8 Hours >8
- Exhausted Tired Rested Energetic

Notes: _____

What types of activities cause you pain:
