

Week commencing: ____ / ____ / ____

CHEST / ABDOMINAL PAIN PATIENT DIARY

South Muskoka
Internal Medicine

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DIET - See page 3 for instructions							
Breakfast							
Lunch							
Dinner							
Snacks							
GASTROINTESTINAL AND CARDIAC SUPPLEMENTS / MEDICATIONS - See page 3 for instructions							
Fiber (e.g., Metamucil) - include number of servings and water amount							
Antispasmodics (e.g., peppermint oil, IBGard, pinaverium, dicyclomine)							
PPIs (e.g., pantoprazole, rabeprazole, esomeprazole, dexlansoprazole)							
H2 blockers (e.g., famotidine / Pepcid; include dose and time of day)							
Nitroglycerin (e.g., spray or patch; include dose and time of day)							
Other non-pharmacologic chest / abdominal pain management							
Other pharmacologic chest / abdominal pain management							
BOWEL MOVEMENTS							
Shape/consistency (enter Bristol type 0–7)							
Number of bowel movements							
Sense of urgency (Yes / No)							
EMOTIONS							
OVERALL WELL-BEING							
Enter 1–5 (1 = very poor; 5 = very well)							

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CHEST / ABDOMINAL PAIN PATIENT DIARY

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PAIN & ASSOCIATED SYMPTOMS (FILL ONLY FIRST ROW IF NO PAIN THAT DAY)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
PAIN							
Pain (Yes / No)							
Time of day: AM (6am–12pm), afternoon (12–5pm), evening (5–10pm), night (10pm–6am)							
PAIN CHARACTERISTICS							
Location of pain and any radiation							
Duration (seconds, minutes or hours)							
Nature of pain (e.g., pressure, heaviness, sharp, burning or aching)							
ASSOCIATED CARDIAC SYMPTOMS							
Physical / mental stress / exertion at time of pain (yes/no; if yes, describe the stress / exertion)							
Other associated symptoms (e.g., shortness of breath, sweating, nausea, dizziness or palpitations)							
ASSOCIATED ABDOMINAL SYMPTOMS (ENTER 0–5)							
Bloating							
Early satiety (full quickly after eating)							
Postprandial fullness (full for a long time after eating)							
Nausea							
Vomiting							
IMPACT ON DAY / EVENTS							

A DIET

Be specific and include beverages. Example: breakfast — coffee and whole-grain toast; lunch — tomato soup and fruit; dinner — salmon, rice and vegetables; snacks — banana or yogurt. Also include the time of day when the meal was eaten. Leave blank any meal you did not eat.

B GASTROINTESTINAL AND CARDIAC SUPPLEMENTS / MEDICATIONS

Record the dose and time(s) of day taken, including whether it was before or after meals and which meal.

For fiber such as Metamucil, also record the amount of fiber and water used.

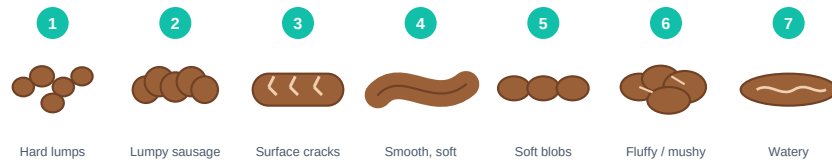
Include antispasmodics, PPIs, H2 blockers, nitroglycerin, and any other pharmacologic or non-pharmacologic chest or abdominal pain management.

Leave blank if you do not take the listed medication.

C BOWEL MOVEMENTS

Record stool shape using the Bristol Stool Form Scale, the total number of bowel movements, and whether you had urgency. Use 0 when there was no stool.

BRISTOL STOOL FORM SCALE — VISUAL EXAMPLES



D EMOTIONS

Note relevant emotions, such as anxiety, stress, happiness, low mood, relief or frustration. Leave blank if no relevant emotions that day.

E OVERALL WELL-BEING

Write one number each day: 1 = very poor, 2 = poor, 3 = fair, 4 = good, and 5 = very well.

F PAIN & PAIN CHARACTERISTICS

First write whether pain occurred that day - yes or no

If there was no pain, the remaining rows for that day can be left blank.

If there was pain, write when it occurred: AM (6am–12pm), afternoon (12–5pm), evening (5–10pm), or night (10pm–6am).

Then record where it was felt, whether it travelled elsewhere, how long it lasted, and its nature using the rows below.

G ASSOCIATED CARDIAC SYMPTOMS

Describe whether symptoms occurred with physical activity, emotional or mental stress, or at rest. Record shortness of breath, unusual sweating, nausea, dizziness or palpitations. Seek urgent care for severe or persistent symptoms, fainting, chest pain or major breathing difficulty.

Leave blank if no associated cardiac symptoms.

H ASSOCIATED ABDOMINAL SYMPTOMS

Write one number for bloating, early satiety, postprandial fullness, nausea and vomiting: 0 means none and 5 means severe. Early satiety means feeling full quickly after eating; postprandial fullness means remaining full for a long time after eating.

I IMPACT ON DAY / EVENTS

Record anything else that may be relevant, such as missed work, disrupted sleep, reduced activity or a missed family event.