Why Is It Important to Track Breakthrough Cancer Pain?

We recommend tracking your breakthrough episodes because it may help you and your healthcare provider see a pattern to your pain. Sharing this information with your healthcare provider will help him or her learn more about your pain, how well it is being managed, and what treatment changes may be necessary. Tracking your pain may also help in identifying the appropriate effective dose of your pain medication.

When filling out the tracker, be sure to note:

• The date and time of the episode
• What, if any, activity caused the episode
• How bad the pain was at its worst
• Where you felt the pain
• What the pain felt like
• What medication you took to manage the pain and how much
• How quickly the medication began to work
• How well the medication relieved the pain episode
• Any questions for your healthcare provider

If you are not satisfied with your pain relief, please talk to your healthcare provider.
Breakthrough Cancer Pain Tracker

<table>
<thead>
<tr>
<th>DATE</th>
<th>WAS PAIN EPISODE RELATED TO ACTIVITY?</th>
<th>LEVEL OF PAIN AT ITS WORST (0 = NO PAIN AND 10 = WORST POSSIBLE PAIN)</th>
<th>LOCATION OF PAIN</th>
<th>PAIN DESCRIPTION</th>
<th>BREAKTHROUGH PAIN MEDICATION (TOTAL DOSE USED)</th>
<th>WHEN DID YOU FIRST FEEL THE MEDICATION BEGIN TO WORK? (IN MINUTES)</th>
<th>LEVEL OF PAIN AFTER TAKING MEDICATION (0 = NO PAIN AND 10 = WORST POSSIBLE PAIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/3/15</td>
<td>Y or N</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>FRONT BACK</td>
<td>ACHING BURNING CRAMPING DEEP DULL ELECTRIC</td>
<td>INTENSE NUMB STABBING STINGING SHARP SHOOTING THROBBING TINGLING</td>
<td>100 mcg</td>
<td>5-10 minutes</td>
</tr>
<tr>
<td>AM or PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes**: I noticed that the pain moved from my hip to my knee.

Take your medication as directed. The above example is for illustration purposes only. Only increase your dose as instructed by your healthcare provider.
**Breakthrough Cancer Pain Tracker**

<table>
<thead>
<tr>
<th>DATE</th>
<th>WAS PAIN EPISODE RELATED TO ACTIVITY?</th>
<th>LEVEL OF PAIN AT ITS WORST (0 = NO PAIN AND 10 = WORST POSSIBLE PAIN)</th>
<th>LOCATION OF PAIN</th>
<th>PAIN DESCRIPTION</th>
<th>BREAKTHROUGH PAIN MEDICATION (TOTAL DOSE USED)</th>
<th>WHEN DID YOU FIRST FEEL THE MEDICATION BEGIN TO WORK? (IN MINUTES)</th>
<th>LEVEL OF PAIN AFTER TAKING MEDICATION (0 = NO PAIN AND 10 = WORST POSSIBLE PAIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td>Y OR N</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTES**

- Take your medication as directed. Only increase your dose as instructed by your healthcare provider.
Take your medication as directed. Only increase your dose as instructed by your healthcare provider.
Download and Print Additional Copies of This Pain Tracker by Visiting breakthroughcancerpain.com

If you are not satisfied with your pain relief, please talk to your healthcare provider.