Pain Tracking Form			
Day/Situation	*Catch it!* ***Identify negative thought***	*Check it!* ***Effect on your pain/mood***	*Challenge It!* ***Positive/balance coping statement***
E.g. Tuesday/Cleaning garage and pain flairs	*E.g. This pain is killing me. I can't do anything anymore*	Helpful or Harmful	*E.g. I am hurting right now because I overdid it, but I know that I will feel better soon. Then I will pace myself to get the job done.*
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