Advanced Pain Medicine, PSC

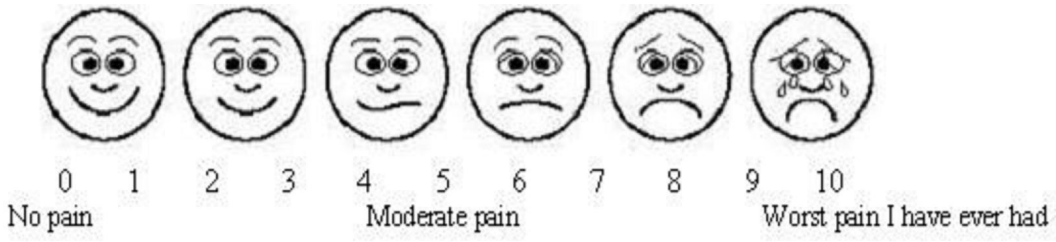
Patient Pain Diary

In order to effectively evaluate the relief that you receive from your injection, we ask that you complete this pain diary. Please rate the pain that you normally have and not the pain or soreness that you may experience from the needle sticks.

*Use the chart below to help rate your pain
*Bring this form with you to your next appointment

Patient Name:_____**Date**:_____

Procedure Performed:_____



1 Hour After - 0 1 2 3 4 5 6 7 8 9 10

2 Hours After - 0 1 2 3 4 5 6 7 8 9 10

3 Hours After - 0 1 2 3 4 5 6 7 8 9 10

4 Hours After - 0 1 2 3 4 5 6 7 8 9 10

5 Hours After - 0 1 2 3 4 5 6 7 8 9 10

6 Hours After - 0 1 2 3 4 5 6 7 8 9 10

24 Hours After - 0 1 2 3 4 5 6 7 8 9 10

72 Hours After - 0 1 2 3 4 5 6 7 8 9 10

1 Week After - 0 1 2 3 4 5 6 7 8 9 10

2 Weeks After - 0 1 2 3 4 5 6 7 8 9 10

1. Did your overall daily activity level improve with the procedure?
YES NO SOMEWHAT
2. Where you able to do activities around the house that you were previously unable to do?
YES NO SOMEWHAT
3. Are you able to walker longer distances now than you were previously?
YES NO SOMEWHAT
4. Are you able to stand for longer periods of time now?
YES NO SOMEWHAT
5. Are you satisfied with the amount of pain relief?
YES NO SOMEWHAT
6. Do you think it would be beneficial to repeat the injection?
YES NO SOMEWHAT
7. Is your mood better since the injection because of pain relief?
YES NO SOMEWHAT
8. Were you able to sleep better?
YES NO SOMEWHAT