

Pain Diary

Following local anaesthetic and/or cortisone injection

This diary has been prepared to help you to track and manage your pain. Please fill in your diary and bring it to your next appointment with Dr McLean.

NAME: _____ **INJECTION DATE:** _____

Pain scale

Please rate your pain using a 0 – 10 pain scale; 0 being 'no pain' and 10 being the most severe pain that you could imagine.

0	1	2	3	4	5	6	7	8	9	10
none			mild		moderate			severe		worst

To test your pain level, perform the activities or movements that caused pain before your injection.

In the boxes below, please rate your pain on a scale of 1 – 10.

Time period	Pain level	Pain feedback
Before seeing Dr McLean:	____ / 10	Has your pain returned (circle)? Y / N If yes, how many days (or weeks) after your injection did it return?
Pain test prior to your injection:	____ / 10	_____
Immediately after injection (5 mins):	____ / 10	If yes, please describe your pain. ie. Same pain as before injection; a little better than before; pain went away but has now returned; a different pain.
4 hours after injection:	____ / 10	_____
Evening of injection:	____ / 10	_____
Day 2 following injection:	____ / 10	_____
Day 7 following injection:	____ / 10	What movements or activities cause the pain?
1 Month following injection:	____ / 10	_____
At follow-up appointment: (normally 6 weeks)	____ / 10	_____

Follow up appointment date

Your appointment date is: _____

This information is important feedback for your ongoing care.