

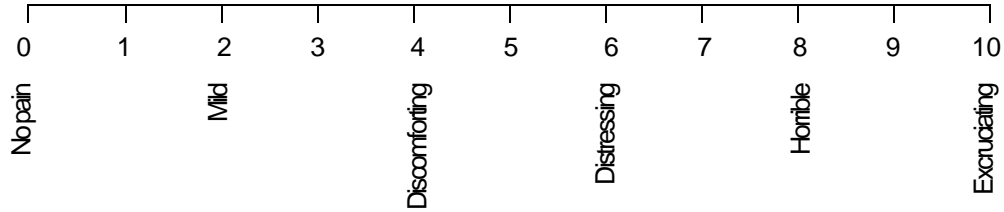


REGIONAL PAIN PROGRAM
POST PROCEDURE/INJECTION PAIN DIARY
 - Long Form RJH NRGH

DRAFT

Date of Procedure: _____ Time of Inj./Proc.: _____
 Procedure: _____
 Medication Used: _____
 Physician: _____

Please mark with an X your level of pain for the hours and days after your treatment. A score of 0 is for no pain, and a score of 10 is for severe pain. Your scores may fall anywhere along this pain scale:



Pain Level	Hours after Treatment													Days after Treatment						
	0	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
10																				
9																				
8																				
7																				
6																				
5																				
4																				
3																				
2																				
1																				
0																				

- 1) What is the maximum pain relief you experienced within a few hours after the injection? _____%
- 2) What is the maximum pain relief you experienced one week after the injection? _____%
- 3) Since the injection(s), your ability to perform day-to-day activities is (please check off one choice):
 dramatically worse somewhat worse not changed somewhat improved dramatically improved
- 4) Since the injection(s), your use of medication for pain control is (please check off one choice):
 dramatically increased mildly increased not changed mildly decreased dramatically decreased

Comments: _____

(Use back of page if necessary.)

Please fill out this Pain Diary as accurately as possible, and return it to the Pain Program by mail or fax:

Victoria
 Royal Jubilee Hospital
 Memorial Pavilion, Homer 2
 1952 Bay Street
 Victoria, BC V8R 1J8
 Fax: 250-519-1837

Nanaimo
 Nanaimo Regional General Hospital
 1200 Dufferin Crescent
 Nanaimo, B.C. V9S 2B7
 Fax: 250-739-5989