



REGIONAL PAIN PROGRAM
POST PROCEDURE INJECTION PAIN DIARY -
Short form

Date: _____ NRGH RJH
Physician: _____ Procedure: _____

Please fill out the following Pain Diary as accurately as possible, and bring it back with you on your next visit.

1. 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:



2. Please document what activity you were doing at the time.

Time relative to procedure	Time of day (Hour : min)	Activity (Be as specific as possible.)	Pain score right side	Pain score left side
Just before the procedure was done		-----		
30 minutes after the procedure				
1 hour after the procedure				
2 hours after the procedure				
3 hours after the procedure				
4 hours after the procedure				
5 hours after the procedure				
6 hours after the procedure				