



# 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 = 'no pain' and 10 = 'the most severe pain imaginable'.

0	1	2	3	4	5	6	7	8	9	10
None		Mild			Moderate			Severe		Worst

To test your pain level, perform activities or movements that caused pain before your injection. In the boxes below, rate your pain from 1 – 10.

### TIME PERIOD

### PAIN LEVEL

### PAIN FEEDBACK

Before seeing Dr McLean

\_\_\_\_\_ / 10

Has your pain returned?

☐ Yes

☐ No

Pain test prior to your injection

\_\_\_\_\_ / 10

If yes, how many days (or weeks) after your injection did it return?

Immediately after injection (5mins)

\_\_\_\_\_ / 10

4hrs after injection

\_\_\_\_\_ / 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?

Evening of injection

\_\_\_\_\_ / 10

Day 2 following injection

\_\_\_\_\_ / 10

Day 7 following injection

\_\_\_\_\_ / 10

1 month following injection

\_\_\_\_\_ / 10

What movements or activities cause the pain?

At follow up appointment (norm 6 weeks)

\_\_\_\_\_ / 10

Follow Up appointment date: \_\_\_\_\_

This information is important feedback for your ongoing care.