



Post-Injection Pain Score Log

Please complete this log prior to your next visit to the clinic. The pain scale or range is 0 to 10, with 0 being no pain and 10 being the worst or maximum pain score. The log will capture scores hourly on the first day and then a daily score after that. To fairly estimate your pain, please try performing an activity which usually results in your pain prior to documenting your score.

Pre-Procedure Range: _____

Immediate Pre-Procedure Score: _____

Immediate Post-Procedure Score: _____

Hours x 12 hours then daily for 1 week then weekly after 7 days.

Hour

Comments

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Day

2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Week

2. _____	_____
3. _____	_____
4. _____	_____

Percentage of Relief : _____

Verified by: _____ Date: _____