



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

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

Comments

Day

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

Week

2. _____
3. _____
4. _____

Percentage of Relief : _____

Verified by: _____ Date: _____