

Pain Diary



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Name _____ Date _____

Procedure _____

Please use scale of 1-10 (1=Very Little Pain, 10=Severe/Worst Pain)

Evaluate pain *with an activity* such as walking. You may indicate the nature/characteristics of the pain.

Pain before Injection: _____

½ Hour after Injection: _____

1 Hour after Injection: _____

2 Hours after Injection: _____

3 Hours after Injection: _____

4 Hours after Injection: _____

6 Hours after Injection: _____

Before you go to sleep the night of the injection: _____

Next Day: _____

Average for the following week: _____