



# 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 Brumby-Rendell.

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 Brumby-Rendell \_\_\_\_\_ / 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

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?  
\_\_\_\_\_  
\_\_\_\_\_

4hrs after injection \_\_\_\_\_ / 10

Evening of injection \_\_\_\_\_ / 10

Day 2 following injection \_\_\_\_\_ / 10

Day 7 following injection \_\_\_\_\_ / 10

What movements or activities cause the pain?  
\_\_\_\_\_  
\_\_\_\_\_

1 month following injection \_\_\_\_\_ / 10

At follow up appointment (norm 6 weeks) \_\_\_\_\_ / 10

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

This information is important feedback for your ongoing care.