



Name.....Date.....

PAIN DIARY

Please circle how much you think your pain has improved since the injections

2 hours after the injection (just as you leave the hospital)

No change in pain minor improvement moderate improvement great improvement no pain at all

4 hours after the injection

No change in pain minor improvement moderate improvement great improvement no pain at all

24 hours after the injection

No change in pain minor improvement moderate improvement great improvement no pain at all

48 hours after the injection

No change in pain minor improvement moderate improvement great improvement no pain at all

4 days after the injection

No change in pain minor improvement moderate improvement great improvement no pain at all

1 week after the injection

No change in pain minor improvement moderate improvement great improvement no pain at all

2 weeks after the injection

No change in pain minor improvement moderate improvement great improvement no pain at all

1 month after the injection

No change in pain minor improvement moderate improvement great improvement no pain at all