

2 WEEK PAIN DIARY

Name: _____ **DOB:** _____ **Email address:** _____

Procedure: _____ **Date:** _____

Index Pain: _____ **Comments:** _____

X = Index Pain

Intensity / Level		Half hour increments after injection																							
Excruciating	10																								
	9																								
Horrible	8																								
	7																								
Distressing	6																								
	5																								
Discomforting	4																								
	3																								
Mild	2																								
	1																								
No Pain	0																								
		0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0											

	Days after Injection																								
10																									
9																									
8																									
7																									
6																									
5																									
4																									
3																									
2																									
1																									
0																									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14										

Please answer question #1 six hours after your injection:

1. Within the first **six hours** after the injection(s), what % pain relief did you experience? _____%

Please answer questions #2 & 3 **fourteen days** after your injection:

2. Two weeks following the injection(s) what % pain relief did you experience? _____%

3. Circle 1 of the following for each of the questions below:

a. Since the injection(s), your ability to perform day to day activities has:

Dramatically Worse	Somewhat Worse	Not Changed	Somewhat Improved	Dramatically Improved
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b. Since the injection(s), your intake of medication to control your pain has:

Dramatically Increased	Mildly Increased	Not Changed	Mildly Decreased	Dramatically Decreased
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With any injection complications can happen. Those of an urgent nature include infection or nerve damage. If you develop fever, chills, redness at the site of the injection, or if you develop new numbness or weakness within 1 week of your procedure please contact us.

Clinic (regular business hours): 403-782-6555; After hours emergency line: 403-550-3447

Return to: #1, 6220 – Hwy 2A, Lacombe, Alberta T4L 2G5

Phone: (403)782-6555 or Fax: (403)782-6511 or Email: feedback@capriclinic.ca