

6 HOUR PAIN DIARY

Name: _____

Date: _____

Email: _____

DOB: _____

Procedure: _____

Index Pain: _____

X = Index Pain

| Intensity | Level | Half hour increments after injection | | | | | | | | | | | | | |
|---------------|-------|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| | | 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 | |
| Excruciating | 10 | | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | | |
| Horrible | 8 | | | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | | | |
| Distressing | 6 | | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | | |
| Discomforting | 4 | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | |
| Mild | 2 | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | | |
| No Pain | 0 | | | | | | | | | | | | | | |

| 2 everyday activities limited by index pain | Response to injection (1-2 hours after injection) | | | | | |
|---|---|----------------|-----------|-----------------|-------------|------------------|
| | much worse | somewhat worse | no change | somewhat better | much better | problem resolved |
| | | | | | | |
| | | | | | | |

Comments: _____

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

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