

# Daily Pain Log

Date:

Patient:

Birthdate:

Side:

You have just had an injection with anesthetic solution, steroid, or a combination of the two for the purpose of pain relief and localization. Please take this sheet with you and use it to record any changes in your symptoms. This information may have important diagnostic and therapeutic implications for your treatment. Please send it, fax it (216-844-5970), or bring it to your physician when it is completed. Thank you.

Legend:



Hyperflexion



Flexion, Abduction, Internal

Rotation



Flexion, Abduction, External

Rotation

Day	Day of Week	Time	No Pain	←	→	Pain	←	→	Worst Pain				
1		Immediately pre-injection	0	1	2	3	4	5	6	7	8	9	10
1		Immediately post-injection	0	1	2	3	4	5	6	7	8	9	10
1		2 hours post-injection	0	1	2	3	4	5	6	7	8	9	10
1		4 hours post-injection	0	1	2	3	4	5	6	7	8	9	10
1		8 post-injection	0	1	2	3	4	5	6	7	8	9	10
2		AM	0	1	2	3	4	5	6	7	8	9	10
2		PM	0	1	2	3	4	5	6	7	8	9	10
3		AM	0	1	2	3	4	5	6	7	8	9	10
3		PM	0	1	2	3	4	5	6	7	8	9	10
4		AM	0	1	2	3	4	5	6	7	8	9	10
4		PM	0	1	2	3	4	5	6	7	8	9	10
5		AM	0	1	2	3	4	5	6	7	8	9	10
5		PM	0	1	2	3	4	5	6	7	8	9	10
6		AM	0	1	2	3	4	5	6	7	8	9	10
6		PM	0	1	2	3	4	5	6	7	8	9	10
7		AM	0	1	2	3	4	5	6	7	8	9	10
7		PM	0	1	2	3	4	5	6	7	8	9	10