

POST PROCEDURE PAIN DIARY

PLEASE COMPLETE THIS FORM PRIOR TO YOUR RETURN APPOINTMENT

_____ PATIENT NAME

_____ DOB

_____ PROCEDURE

_____ PROCEDURE DATE

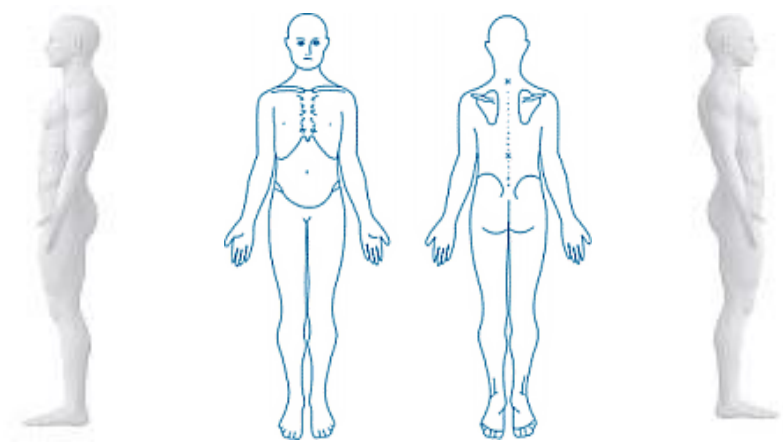
Why It's Important to Keep a Pain Diary:

Your healthcare provider needs detailed data to plot out the causes and triggers of your chronic pain and build a treatment plan. When asked how you have been since your treatment, you need to be ready to provide specifics. Your healthcare provider will be looking for triggers, stresses, and patterns. The more detailed you can be about the factors which seem to influence your pain, the better.

1. What is your pain level? Mark One:

Pre Treatment	0	1	2	3	4	5	6	7	8	9	10
Post Treatment	0	1	2	3	4	5	6	7	8	9	10
1 Hour Post	0	1	2	3	4	5	6	7	8	9	10
1 Day Post	0	1	2	3	4	5	6	7	8	9	10
3 Days Post	0	1	2	3	4	5	6	7	8	9	10
5 Days Post	0	1	2	3	4	5	6	7	8	9	10
Recheck Day	0	1	2	3	4	5	6	7	8	9	10

PAIN SCALE REFERENCE
0 – No Pain
4 – 6 – Moderate/Severe
10 – Worst Pain



2. Indicate your area of pain TODAY by shading diagram above:

3. Describe in detail how the procedure affected you: _____

4. Overall, how effective do you feel the procedure was? _____
