

Daily Pain Log

Name: _____

Date: _____

Date of birth: _____

Age: _____

Hip Joint (under X-ray control)

Location: Hip Trochanteric Bursa

Knee Joint/Trigger Point

You have just had an injection of Local Anaesthetic solution, steroid, or a combination of the two for the purpose of pain relief and localisation. Please take this sheet with you and use it as a record for monitoring your symptoms.

This information has important diagnostic and therapeutic implications for your treatment. Please bring it to your appointment when you next see Mr Aslam.

Thank you.

Day	Day of week	Time	No pain ←—————→ Worst pain										
			0	1	2	3	4	5	6	7	8	9	10
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 hours 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

