

# Pain Diary



**PAIN MEDICINE ASSOCIATES**  
your life, your health, pain free

Long Beach Office  
3620 Atlantic Ave Long Beach  
Long Beach, CA 90807  
(562) 595-0060 fax: (562) 595-0027

Fountain Valley Office  
18111 Brookhurst St., Suite 3100  
Fountain Valley, CA 90708  
(714) 963-7240 fax: (714) 963-7224

[www.PAINASSOCIATE.com](http://www.PAINASSOCIATE.com)

Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

**Please use scale of 1-10 ( 1=Very Little Pain, 10=Severe/Worst Pain)**  
Evaluate pain *with an activity* such as walking. You may indicate the nature/characteristics of the pain.

**Pain before Injection:** \_\_\_\_\_

**½ Hour after Injection:** \_\_\_\_\_

**1 Hour after Injection:** \_\_\_\_\_

**2 Hours after Injection:** \_\_\_\_\_

**3 Hours after Injection:** \_\_\_\_\_

**4 Hours after Injection:** \_\_\_\_\_

**6 Hours after Injection:** \_\_\_\_\_

**Before you go to sleep the night of the injection:** \_\_\_\_\_

**Next Day:** \_\_\_\_\_

**Average for the following week:** \_\_\_\_\_