

## Centers for Pain Management, LLC Pain Diary

Name: \_\_\_\_\_ MRN# \_\_\_\_\_

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

In order for the physician to make an informed decision concerning your course of treatment, it is important that you keep an accurate, objective log of your pain. You should resume your normal activities with the exception of driving (although you may ride in a car to simulate driving if this activity typically bothers you). It is okay to take your routine medications.

Things to remember:

- Record pain scores for the area being treated today. For example, if Dr. Lee injected the right low back, record pain scores for pain in the right low back only.
- Pain scores are for your typical pain. If the injection procedure itself caused a different pain, this new pain should not be recorded on this pain diary.
- Record the time you first needed to take your pain medication.

**You must bring this completed pain diary with you to your next appointment.**

## Non-Steroid Procedures

<b>**Score only the area where relief is felt. Right only, Left only or Entire Back/Neck</b>	Right (pain score)	Left (pain score)	Entire Back or Neck (pain Score)
<b>Before Procedure</b>			
<b>After Procedure</b>			
Hour One			
Hour Two			
Hour Three			
Hour Four			
Hour Five			
Hour Six			
Hour Seven			
Hour Eight			
Hour Nine			
Hour Ten			
Hour Eleven			
Hour Twelve			
Hour Thirteen			
Hour Fourteen			
Hour Fifteen			
Hour Sixteen			
Hour Seventeen			
Hour Eighteen			
Day 2			
Day 3			
Day 4			

Name: \_\_\_\_\_ MRN # \_\_\_\_\_

Date: \_\_\_\_\_

## Steroid Procedures

<i>*Score only the area where relief is felt. Right only, Left only or Entire Back/Neck</i>	Right ( pain score )	Left ( pain score )	Entire Back or Neck ( pain score )
Before Procedure			
After Procedure			
Evening Day 1			
Evening Day 2			
Evening Day 3			
Evening Day 4			
Evening Day 5			
Evening Day 6			
Evening Day 7			

Name: \_\_\_\_\_ MRN # \_\_\_\_\_

Date: \_\_\_\_\_