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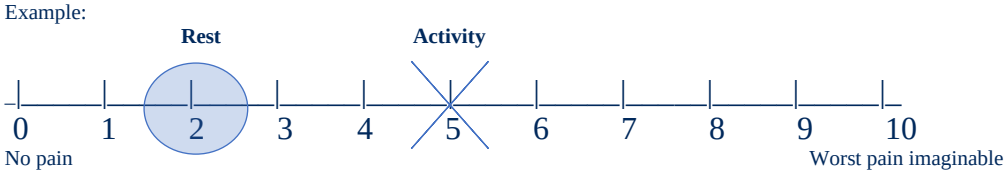
Post Procedure Pain Diary - to be completed after your procedure

Name: _____ **Procedure:** _____ **Date:** ___/___/___

Assess level of pain from 0 to 10 Note: 0 = no pain 10 = worst pain imaginable	Mark pain at **rest** with a **"circle"** around the number and mark the pain score with an **"X"** on the number **during activity**

Example:



Therefore, this patient has a pain score of 2 at rest and a pain score of 5 during activity.

List activities that normally make your pain worse: (e.g. bending/standing /neck movement)

Patient notes:

0 1 2 3 4 5 6 7 8 9 10
No pain **Pain before procedure (doctor to complete)** Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10
No pain **Pain 1 hour after procedure** Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10
No Pain **Pain 2 hours after procedure** Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10
No pain **Pain 3 hours after procedure** Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10
No pain **Pain 4 hours after procedure** Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10
No pain **Pain 6 hours after procedure** Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10
No pain **Pain 8 hours after procedure** Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10
No pain **Pain morning after procedure** Worst pain imaginable