

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

| **Score only the area where relief is felt. Right only, Left only or Entire Back/Neck | Right (pain score) | Left (pain score) | Entire Back or Neck (pain Score) |
|--|-----------------------|----------------------|-------------------------------------|
| Before Procedure | | | |
| After Procedure | | | |
| 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 | | | |

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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 | | | |

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