



Date _____

Patient Name _____

Target Area of Pain: _____

Time of Injection: _____

Pretest Pain Score: _____/10

Pain Score:

Rate your pain with a number from 0 to 10, where 0 is no pain and 10 is the worst possible pain.

Hours after Injection	Time	Pain Score (0-10)	Activity	Pain Meds Used	Comments
On Discharge					
1					
2					
3					
4					
5					
6					

Comments:

% of Pain Relief: _____

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