

Form For

Pain Diary Following Injection

Date:			Area Injected:								
Medication administered:		Dexamethasone (Technical s			Celestone Chronodose staff please circle Medica		Marcain	Xylocai	caine Naropin		
Please ci	rcle the	appropria	ate numbe	er repres	enting the	severity	of your pair	n at each ti	me point		
Before Ir	njection										
0	1	2	3	4	5	6	7	8	9	10	
No Pain									Wors	Worst pain ever	
Immedia	tely afte	er injectio	on (withir	n 30 min	utes)						
0	1	2	3	4	5	6	7	8	9	10	
No Pain									Wors	t pain ever	
2 Hours	after inj	ection									
0	1	2	3	4	5	6	7	8	9	10	
No Pain								Worst pain ever			
End of th	ne day o	of injection	on								
0	1	2	3	4	5	6	7	8	9	10	
No Pain									Wors	t pain ever	
End of th	ne first v	week afte	er injectio	n							
0	1	2	3	4	5	6	7	8	9	10	
No Pain								Worst pain ever			
End of th	ne 2 wee	eks after	injection								
0	1	2	3	4	5	6	7	8	9	10	
No Pain									Worst pain ever		
End of th	ne 4 wee	eks after	injection								
0	1	2	3	4	5	6	7	8	9	10	
No Pain									Wors	Worst pain ever	

Date Pain returned to Pre Injection Level:

Advice after the Injection

You may experience some increase in pain within 24 -72 hours, this will settle. The injection may take up to 14 days to work.

This form should be returned to your doctor (and/or physiotherapist) on your next scheduled visit.

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