

**THE HILLINGDON HOSPITAL & MOUNT VERNON
HOSPITAL NHS TRUST
FOOT AND ANKLE UNIT**

PAIN DIARY

NAME:

DATE:

JOINTS INJECTED:

Please indicate the severity of your pain by marking the appropriate number. The five lines refer to **different times** in relation to your injection. Record any additional effects of the injection on this form.

PRE-INJECTION

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst ever pain

IMMEDIATELY POST-INJECTION (within 30 minutes)

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst ever pain

TWO HOURS POST-INJECTION

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst ever pain

END OF DAY ONE

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst ever pain

END OF TWO WEEKS

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst ever pain

Thank you for completing this form.

Please bring it with you when you attend your first follow-up visit after your injection.