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PAIN DIARY FOLLOWING STEROID INJECTION

Patient Name:

Date of procedure:

Injection site; Right shoulder Left shoulder Right elbow Left elbow

Please indicate by marking the appropriate number, the severity of your pain at different times following your injection – on a scale where **0 is no pain and 10 is the worst pain imaginable.**

Pre-injection (If possible, complete with the radiologist):

0 1 2 3 4 5 6 7 8 9 10

Immediately after the injection (i.e. within 15 minutes):

0 1 2 3 4 5 6 7 8 9 10

One hour later:

0 1 2 3 4 5 6 7 8 9 10

Two hours later:

0 1 2 3 4 5 6 7 8 9 10

Four hours later:

0 1 2 3 4 5 6 7 8 9 10

One day later:

0 1 2 3 4 5 6 7 8 9 10

Two weeks later:

0 1 2 3 4 5 6 7 8 9 10

Three weeks later:

0 1 2 3 4 5 6 7 8 9 10

Four weeks later:

0 1 2 3 4 5 6 7 8 9 10