## **6 Hour Pain Diary**

Email:									Date:							
Patient Name:									Trial:							
Procedure:									Index Pain:							
Pain Intesity Level	Half h	nour ir	ncrem	ents a	after ir	njectio	n									
Excruciating 10 9 Horrible 8																
7 Distressing 6																
Discomforting 5 4 3																
Mild 2																
No Pain 0	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0			
2 everyday activities		Response to injection (1-2 hours after)														
2 everyday activities limited by the index pain					much worse		somewhat worse		no change		somewhat better		much better	problem resolved		
Comments:																

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