

Patient Pain Diary

Name: _____

Date of Injection: _____

Site Injected: _____

For each time period listed, please circle the amount of pain you get from your foot and ankle when doing the activities you normally do / wish to do. Please rate your pain from 0 to 10, where **0** is *no pain at all* and **10** is the *worst pain imaginable*.

Pain before the Injection

0	1	2	3	4	5	6	7	8	9	10
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Pain immediately after the Injection (few hours)

0	1	2	3	4	5	6	7	8	9	10
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Pain 1 day after the injection

0	1	2	3	4	5	6	7	8	9	10
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Pain 1 week after the injection

0	1	2	3	4	5	6	7	8	9	10
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Pain 2 weeks after the injection

0	1	2	3	4	5	6	7	8	9	10
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Pain 6 weeks after the injection

0	1	2	3	4	5	6	7	8	9	10
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