

INNOVATIVE HELP FOR MANAGING YOUR PAIN

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## Post Procedure Pain Diary

Procedure							Date of Proc.					
Patient Name							Pre-Proc. Pain Level/10					
Check	all activitie	s that a	re limit	ed by p	oain:							
□ Bend	ding forward	d/backw	vard									
☐ Liftir	ng											
□Turn	ing											
☐ Sittir	ng											
□ Wall	king											
Post P	rocedure Pa	ain Scor	es.									
	:No pain	1	2	3	4	5	6	7	8	9	10	(Worst)
60min	:No pain	1	2	3	4	5	6	7	8	9	10	(Worst)
2 <sup>nd</sup> Hr:	No pain	1	2	3	4	5	6	7	8	9	10	(Worst)
3 <sup>rd</sup> Hr:	No pain	1	2	3	4	5	6	7	8	9	10	(Worst)
4 <sup>th</sup> Hr:	No pain	1	2	3	4	5	6	7	8	9	10	(Worst)
5 <sup>th</sup> Hr:	No pain	1	2	3	4	5	6	7	8	9	10	(Worst)
6 <sup>th</sup> Hr:	No pain	1	2	3	4	5	6	7	8	9	10	(Worst)
☐ Bend ☐ Liftir ☐ Turn ☐ Sittir ☐ Walk	ing ng	d/backw	vard				ours aft	er proc	edure:			