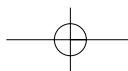
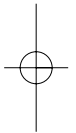


Patient Injection Diary



Patient Injection Diary

Please complete the diary below as accurately as possible. Circle the number for each hour and day that best reflects any pain you may experience in the joint where you received your injection.

Please make sure you bring this diary with you to your next appointment.

Name..... Date of birth.....

Please complete the section below by circling a number. This section relates to the first 24 hours after you have received your injection.

Time after injection

	No Pain ←————→ Worst Pain										Daily comments	
2hrs	0	1	2	3	4	5	6	7	8	9	10	.....
4hrs	0	1	2	3	4	5	6	7	8	9	10	.....
6hrs	0	1	2	3	4	5	6	7	8	9	10	.....
8hrs	0	1	2	3	4	5	6	7	8	9	10	.....
10hrs	0	1	2	3	4	5	6	7	8	9	10	.....
12hrs	0	1	2	3	4	5	6	7	8	9	10	.....
14hrs	0	1	2	3	4	5	6	7	8	9	10	.....
16hrs	0	1	2	3	4	5	6	7	8	9	10	.....
18hrs	0	1	2	3	4	5	6	7	8	9	10	.....
20hrs	0	1	2	3	4	5	6	7	8	9	10	.....
22hrs	0	1	2	3	4	5	6	7	8	9	10	.....
24hrs	0	1	2	3	4	5	6	7	8	9	10	.....

Please continue chart on opposite page.

Please complete the section by circling a number. This section relates to the first 3 months after you have received your injection.

	No Pain ←————→ Worst Pain										Daily comments	
Day 1	0	1	2	3	4	5	6	7	8	9	10	.....
Day 2	0	1	2	3	4	5	6	7	8	9	10	.....
Day 3	0	1	2	3	4	5	6	7	8	9	10	.....
Day 4	0	1	2	3	4	5	6	7	8	9	10	.....
Day 5	0	1	2	3	4	5	6	7	8	9	10	.....
Day 6	0	1	2	3	4	5	6	7	8	9	10	.....
Day 7	0	1	2	3	4	5	6	7	8	9	10	.....
Day 9	0	1	2	3	4	5	6	7	8	9	10	.....
Day 11	0	1	2	3	4	5	6	7	8	9	10	.....
Day 13	0	1	2	3	4	5	6	7	8	9	10	.....
Day 15	0	1	2	3	4	5	6	7	8	9	10	.....
Day 17	0	1	2	3	4	5	6	7	8	9	10	.....
Day 19	0	1	2	3	4	5	6	7	8	9	10	.....
Day 21	0	1	2	3	4	5	6	7	8	9	10	.....
Day 23	0	1	2	3	4	5	6	7	8	9	10	.....
Day 25	0	1	2	3	4	5	6	7	8	9	10	.....
Day 27	0	1	2	3	4	5	6	7	8	9	10	.....
Day 29	0	1	2	3	4	5	6	7	8	9	10	.....
Day 31	0	1	2	3	4	5	6	7	8	9	10	.....
Week 6	0	1	2	3	4	5	6	7	8	9	10	.....
Month 3	0	1	2	3	4	5	6	7	8	9	10	.....