



**COMPREHENSIVE PAIN**  
MANAGEMENT SPECIALISTS

**P.O. Box 501724, San Diego, CA 92150**  
**Phone 858.453.7700 Fax 858.798.1225**

**Pain Diary**

Please document your pain and activities using the provided scale and bring this to your next scheduled appointment so your provider can determine your course of treatment.

Thank you

Pain Scale No Pain 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 Severe Pain

Date	Time	Activity Level	Pain Level
	Pre-Injection		
	Post-Injection		
	2 Hours		
	4 Hours		
	6 Hours		
	8 Hours		
	12 Hours		
	24 Hours		
	48 Hours		
	72 Hours		
	7 Days		

Overall percentage of pain relief: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_