**MUSCULOSKELETAL PAIN DIARY**

Name:

Date of Birth:

Date of procedure:

Joint Injected/soft tissue:

Diagnosis:

Doctor:

Please write in the box below a number from 0 to 10 to describe your pain.

0 = no pain at all

10 = the worst pain you can imagine

Pain scores:

| Prior to  injection | 1 hour  after  injection | End of 1st  Day | 2nd Day | After 1 week | After 2 weeks | After 4 weeks |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Please return this form to: [cllinic@apexultrasound.uk](mailto:cllinic@apexultrasound.uk) once completed.

| Any comments: |
| --- |

We will send you email reminders after week 1, 2 and 4, post procedure to help you remember to complete your pain diary and return to us.

We will use your pain scores in 4 ways:

1. To understand your response to the procedure
2. Update and resend the report to your doctor who referred you
3. To use your pain scores to guide any future requests for joint injection issues for you
4. Use the scores as part of our quality assurance process