

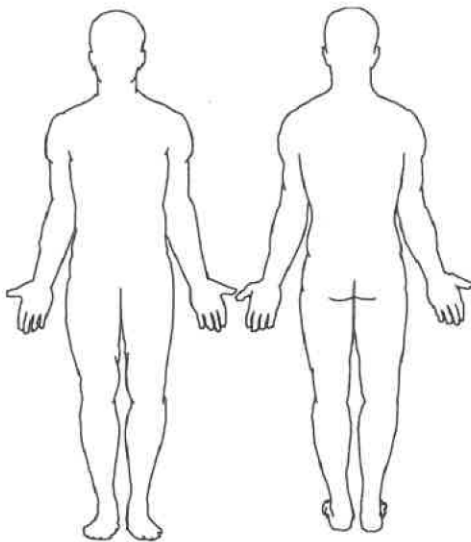


# EVOLVE

RESTORATIVE CENTER

## Post Procedure Pain Diary

Please document where you are having your pain, intended for treatment, on the diagram, prior to the injection by shading in the below figure. Afterwards, please apply an X mark (X) on the intensity level of your pain, corresponding the appropriate time interval after the injection. Please bring this back to your follow-up appointment.



	<b>Pain Scale</b>	<b>Before Injection (Baseline)</b>	<b>30 min (after injection)</b>	<b>1 hr (after injection)</b>	<b>2 hr (after injection)</b>	<b>3hr (after injection)</b>	<b>4hr (after injection)</b>	<b>12 hr (after injection)</b>
Worst pain	<b>10</b>							
	<b>9</b>							
	<b>8</b>							
	<b>7</b>							
	<b>6</b>							
	<b>5</b>							
	<b>4</b>							
	<b>3</b>							
	<b>2</b>							
	<b>1</b>							
No pain	<b>0</b>							