

***Hip Injection – Pain Diary***

For the next 12 HOURS after your injection, please describe your pain.

Write down what you are doing at the time you experience pain.

Describe your pain (aching, burning, throbbing, or sharp), where you pain is located (groin, side of hip, buttock), and rate the pain on a scale of 1-10 (1 = minimal, 10 = worst pain you can imagine).

Bring this diary sheet to your next office visit.

Pain description **BEFORE** injection:

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Pain description **AFTER** injection:

Date of Injection: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Time after Injection</b>	<b>Activity / Body Position</b>	<b>Type of Pain</b>	<b>Scale (1-10)</b>
<b>20 minutes</b>			
<b>2 hours</b>			
<b>6 hours</b>			
<b>8 hours</b>			
<b>12 hours</b>			

