

**ROYAL SURREY COUNTY HOSPITAL**

**FOOT AND ANKLE**

**INJECTION PAIN DIARY**

UNIT No.

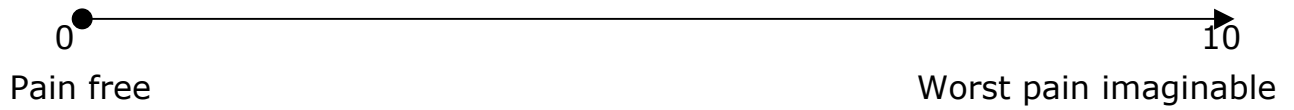
SURNAME  
(Block Letters)

FIRST  
NAMES

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

Injection: \_\_\_\_\_

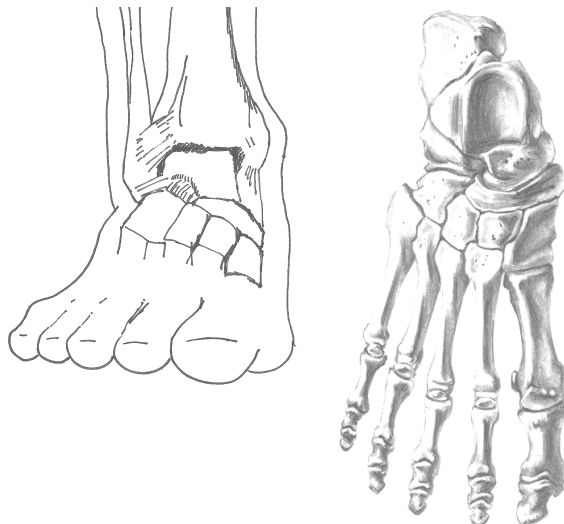
Pain Score



Right Foot		Left Foot	
Time	Pain Score	Time	Pain Score
Pre-injection		Pre-injection	
Immediately after injection		Immediately after injection	
4-8 hours after injection		4-8 hours after injection	
24 hours after injection		24 hours after injection	
48 hours after injection		48 hours after injection	
One week after injection		One week after injection	
Two weeks after injection		Two weeks after injection	
One month after injection		One month after injection	
Six weeks after injection		Six weeks after injection	

Indicate ongoing symptoms on the diagrams if necessary.

**Right**



**Left**

