

Injection Pain Assessment Form

Name _____

NHI _____

Injection Date _____

Injection Site _____

Day 1

Time	Pain Intensity (0-10 scale)
Starting pain (before injection)	
Immediately post	
20 minutes post	
1 hour post	
2 hours post	
3 hours post	
4 hours post	

Day 2-11

Day and time	Pain (0-10)
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Day 2, am	
Day 2, pm	

Day 3, am	
Day 3, pm	

Day 4, am	
Day 4, am	

Day 5, pm	
Day 5, am	

Day 6, pm	
Day 6, am	

Day and time	Pain (0-10)
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Day 7, am	
Day 7, pm	

Day 8, am	
Day 8, pm	

Day 9, am	
Day 9, pm	

Day 10, am	
Day 10, pm	

Day 11, am	
Day 11, pm	

Comments: