



# NORTHERN PAIN CENTRE

**Northern Pain Centre**  
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## Post Procedure Pain Diary - to be completed after your procedure

Name: \_\_\_\_\_ Procedure: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Assess level of pain from 0 to 10 Note: 0 = no pain 10 = worst pain imaginable	Mark pain at <b>rest</b> with a "circle" around the number and mark the pain score with an "X" on the number <b>during activity</b>
Example:	
<p>Therefore, this patient has a pain score of 2 at rest and a pain score of 5 during activity.</p>	
List activities that normally make your pain worse: (e.g. bending/standing /neck movement)	

### Patient notes:

0	1	2	3	4	5	6	7	8	9	10
No pain		<b>Pain before procedure (doctor to complete)</b>							Worst pain imaginable	
0	1	2	3	4	5	6	7	8	9	10
No pain		<b>Pain 1 hour after procedure</b>							Worst pain imaginable	
0	1	2	3	4	5	6	7	8	9	10
No Pain		<b>Pain 2 hours after procedure</b>							Worst pain imaginable	
0	1	2	3	4	5	6	7	8	9	10
No pain		<b>Pain 3 hours after procedure</b>							Worst pain imaginable	
0	1	2	3	4	5	6	7	8	9	10
No pain		<b>Pain 4 hours after procedure</b>							Worst pain imaginable	
0	1	2	3	4	5	6	7	8	9	10
No pain		<b>Pain 6 hours after procedure</b>							Worst pain imaginable	
0	1	2	3	4	5	6	7	8	9	10
No pain		<b>Pain 8 hours after procedure</b>							Worst pain imaginable	
0	1	2	3	4	5	6	7	8	9	10
No pain		<b>Pain morning after procedure</b>							Worst pain imaginable	

Fax completed diary to: (02) 9460 9230 OR scan and email to: admin@northernpaincentre.com.au