

PAIN DIARY

INSTRUCTIONS: This pain diary is an important part of your test.

Please fill this out every day after your test until your next appointment with Dr Sorensen.

 NAME:

 DATE OF INJECTION:

PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	COMMENTS
PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	
PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	
PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	
PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	
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PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	
PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	
PAIN LEVEL:	MUCH BETTER	BETTER	SAME	WORSE	DATE	

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