

# SACROILIAC JOINT INJECTION PAIN DIARY

Patient NAME \_\_\_\_\_

DATE of injection \_\_\_\_\_

SIDE of injection    RIGHT    LEFT    BOTH

Rate pain on a scale from 1-10

1-2 Soreness

3-4 Mild Constant Pain

5-6 Moderate Constant Pain

7-8 Severe, cant do activities

9-10 Emergency Room

Time	Buttock Pain	SI Pain	Leg Pain	Groin Pain	% pain free	Comments
Day before						
2hr after						
4hr after						
6hr after						
8hr after						
12hr after						
Next day						