

Pre/Post Injection Pain Scale

(Please follow instructions below**)

Activity/Position	Pre-Injection	Post-Injection
1. _____	<u> /10 </u>	<u> /10 </u>
2. _____	<u> /10 </u>	<u> /10 </u>
3. _____	<u> /10 </u>	<u> /10 </u>
4. _____	<u> /10 </u>	<u> /10 </u>
5. _____	<u> /10 </u>	<u> /10 </u>
6. _____	<u> /10 </u>	<u> /10 </u>

**Please list the activities, positions, and maneuvers that cause your hip pain/symptoms. Try these before your injection AND immediately after your injection, and rate your pain on a scale of 0-10 (0 being no pain and 10 being the most severe pain you've ever felt).