

# Injection Questionnaire (Knee & Misc) – Week 1

Name: \_\_\_\_\_

Date: \_\_\_\_\_

How much pain did you have at that time on a scale of **0** (No pain) to **10** (Worst pain ever):

Day 1 \_\_\_\_\_

Day 5 \_\_\_\_\_

Day 2 \_\_\_\_\_

Day 6 \_\_\_\_\_

Day 3 \_\_\_\_\_

Day 7 \_\_\_\_\_

Day 4 \_\_\_\_\_

How many **pills of narcotics** (vicodin, codeine, norco, etc) do you take per day:

Day 1 \_\_\_\_\_

Day 5 \_\_\_\_\_

Day 2 \_\_\_\_\_

Day 6 \_\_\_\_\_

Day 3 \_\_\_\_\_

Day 7 \_\_\_\_\_

Day 4 \_\_\_\_\_

Did you have pain that woke you up from sleep or at rest without moving (Circle):

Night Pain

Rest Pain

Day 1      \_\_\_ YES / \_\_\_ NO

\_\_\_ YES / \_\_\_ NO

Day 2      \_\_\_ YES / \_\_\_ NO

\_\_\_ YES / \_\_\_ NO

Day 3      \_\_\_ YES / \_\_\_ NO

\_\_\_ YES / \_\_\_ NO

Day 4      \_\_\_ YES / \_\_\_ NO

\_\_\_ YES / \_\_\_ NO

Day 5      \_\_\_ YES / \_\_\_ NO

\_\_\_ YES / \_\_\_ NO

Day 6      \_\_\_ YES / \_\_\_ NO

\_\_\_ YES / \_\_\_ NO

Day 7      \_\_\_ YES / \_\_\_ NO

\_\_\_ YES / \_\_\_ NO

When did you return to work: \_\_\_\_\_

Please return or fax to Dr. Alan Hirahara at (916) 732-3023.

If you have any questions, please contact my assistant, Heather, at (916) 732-3017.

You may also return the form via email to [hvincentsoc@hotmail.com](mailto:hvincentsoc@hotmail.com)

# Injection Questionnaire (Knee & Misc) – Month 1

Name: \_\_\_\_\_

Date: \_\_\_\_\_

How much pain did you have at that time on a scale of **0** (No pain) to **10** (Worst pain ever):

2 weeks after injection \_\_\_\_\_

3 weeks after injection \_\_\_\_\_

4 weeks after injection \_\_\_\_\_

How many **pills of narcotics** (vicodin, codeine, norco, etc) do you take per day:

2 weeks after injection \_\_\_\_\_

3 weeks after injection \_\_\_\_\_

4 weeks after injection \_\_\_\_\_

Did you have pain that woke you up from sleep or at rest without moving (Circle):

	Night Pain	Rest Pain
Week 2	___ YES / ___ NO	___ YES / ___ NO
Week 3	___ YES / ___ NO	___ YES / ___ NO
Week 4	___ YES / ___ NO	___ YES / ___ NO

When did you return to work: \_\_\_\_\_

Please return or fax to Dr. Alan Hirahara at (916) 732-3023.

If you have any questions, please contact my assistant, Heather, at (916) 732-3017.

You may also return the form via email to [hvincentsoc@hotmail.com](mailto:hvincentsoc@hotmail.com)

# Injection Questionnaire (Knee & Misc) – Months 2 – 6

Name: \_\_\_\_\_

Date: \_\_\_\_\_

How much pain did you have at that time on a scale of **0** (No pain) to **10** (Worst pain ever):

2 months after injection \_\_\_\_\_  
3 months after injection \_\_\_\_\_  
4 months after injection \_\_\_\_\_  
5 months after injection \_\_\_\_\_  
6 months after injection \_\_\_\_\_

How many **pills of narcotics** (vicodin, codeine, norco, etc) do you take per day:

2 months after injection \_\_\_\_\_  
3 months after injection \_\_\_\_\_  
4 months after injection \_\_\_\_\_  
5 months after injection \_\_\_\_\_  
6 months after injection \_\_\_\_\_

Did you have pain that woke you up from sleep or at rest without moving (Circle):

	Night Pain	Rest Pain
Month 2	___ YES / ___ NO	___ YES / ___ NO
Month 3	___ YES / ___ NO	___ YES / ___ NO
Month 4	___ YES / ___ NO	___ YES / ___ NO
Month 5	___ YES / ___ NO	___ YES / ___ NO
Month 6	___ YES / ___ NO	___ YES / ___ NO

When did you return to work: \_\_\_\_\_

Please return or fax to Dr. Alan Hirahara at (916) 732-3023.

If you have any questions, please contact my assistant, Heather, at (916) 732-3017.

You may also return the form via email to [hvincentsoc@hotmail.com](mailto:hvincentsoc@hotmail.com)