

# Injection Questionnaire (Knee & Misc) – Pre-Injection

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

How would you like to be contacted regarding this study: \_\_\_ E-Mail/\_\_\_ Fax /\_\_\_ Mail

Please give us your Email, or Fax: \_\_\_\_\_

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

Before injection \_\_\_\_\_

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

Before injection \_\_\_\_\_

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

	Night Pain	Rest Pain
Before injection	___ YES / ___ NO	___ YES / ___ NO

Notes: \_\_\_\_\_