

PROCEDURAL PAIN CHART

Name

Date

Procedure.....

It is important to fill out this form when you have an injection, in order for the doctor to better understand your pain. You are asked to rate each of your pains before and at certain time intervals after the injection. The pain is to be estimated on a numerical scale from 0 (for no pain) to 10 (indicating the most severe pain). You should try to isolate each area of pain, and report on it individually. For example, it may be that the injection may totally relieve the low back pain, but may not help the leg pain. This is important information for your doctor to assess when making recommendations regarding further treatment.

0-10 Numerical Pain Scale (Score out of 10 for pain)



0 = no pain

5

worst pain imaginable = 10

| DAY 1 | SITE | | | SITE | | | |
|-------------------------|---------------|--------------|----------------------|-------------|--|--|--|
| | Eg: back pain | Eg: leg pain | Eg: 'positional pain | | | | |
| Before injection | | | | DAYS | | | |
| After injection | | | | | | | |
| 5 minutes | | | | 2 | | | |
| 15 minutes | | | | 3 | | | |
| 30 minutes | | | | 4 | | | |
| 1 hour | | | | 5 | | | |
| 90 minutes | | | | 6 | | | |
| 2 hours | | | | 7 | | | |
| 3 hours | | | | 8 | | | |
| 4 hours | | | | 10 | | | |
| 5 hours | | | | 12 | | | |
| 6 hours | | | | 14 | | | |
| 7 hours | | | | | | | |

For cortisone injections: Fill in average levels of pain for each day after the injection

Please complete your pain sheet as directed and then:

Fax to:

Or email to:

Or bring with you to your next appointment.

You should keep a copy for your records to keep with your pictures & X-rays.