

## PROCEDURE PAIN LOG

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

Procedure: \_\_\_\_\_

Please rate your pain prior to, and after the procedure, to assess treatment effectiveness.

Pain scale 0-10:    0 = Pain Free    5= Moderate Pain    10 = Worst pain imaginable.

**\*\*If you had a facet joint injection or medial branch block, since these are “*diagnostic injections*”, do not nap immediately after the procedure. Please maintain normal daily activities to evaluate whether your pain and function improve.\*\***

<b>Time of Injection:</b> _____	<b><u>PAIN SCALE</u></b>										
Before Injection	0	1	2	3	4	5	6	7	8	9	10
After Injection	0	1	2	3	4	5	6	7	8	9	10
30 Minutes	0	1	2	3	4	5	6	7	8	9	10
60 Minutes	0	1	2	3	4	5	6	7	8	9	10
2 Hours	0	1	2	3	4	5	6	7	8	9	10
4 Hours	0	1	2	3	4	5	6	7	8	9	10
6 Hours	0	1	2	3	4	5	6	7	8	9	10
12 Hours	0	1	2	3	4	5	6	7	8	9	10
1 Day	0	1	2	3	4	5	6	7	8	9	10
2 Days	0	1	2	3	4	5	6	7	8	9	10
3 Days	0	1	2	3	4	5	6	7	8	9	10
4 Days	0	1	2	3	4	5	6	7	8	9	10
5 Days	0	1	2	3	4	5	6	7	8	9	10
7 Days	0	1	2	3	4	5	6	7	8	9	10
10 Days	0	1	2	3	4	5	6	7	8	9	10

**Overall Procedure Outcome (% Improvement)    Pain: \_\_\_\_\_    Function: \_\_\_\_\_**

**\*\*Please bring this form to your follow-up appointment\*\***