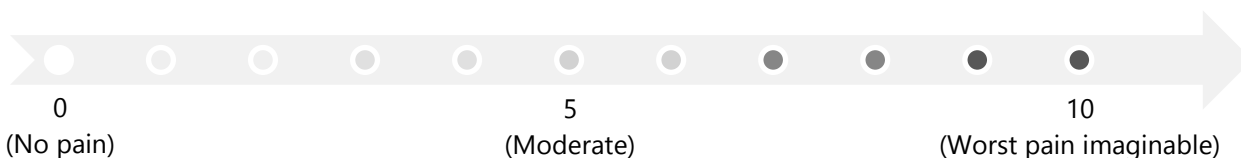


Name:
Date:
Procedure:

It is important to fill out this form when you have a spinal injection in order for the doctor to better understand your pain. You are asked to rate each of your pains before and at certain intervals after the injection. The pain is to be estimated on a numerical scale from 0 (for no pain) to 10 (indication the most severe pain). You should try to isolate each area of pain, and report it individually.

For example, it may be that the injection may totally relieve the low back pain, but may not relieve the leg pain. This is important information for your doctor to assess when making recommendations regarding further treatment.

For example: **Before injection:** Back pain = 5 (moderate) Left leg pain = 8 (severe)
After injection: Back pain = 0 (nil) Left leg pain = 8



Score out of 10 for pain: (0 = no pain; 10 = the most severe pain)

Before injection		1.5 hours after injection		3.5 hours after injection	
5 minutes after injection		2 hours after injection		4 hours after injection	
30 minutes after injection		2.5 hours after injection		5 hours after injection	
1 hour after injection		3 hours after injection		6 hours after injection	