

NORTHWEST SPINE CENTER

Directions: This form is to be completed by the patient or someone recording the patient's responses, in "real time" following the administration of an injection. Pain relief level should be recorded while doing activities that previously caused pain.

Please fill in the date and time that your injection was performed. Every day put a check mark in the time chart box that most accurately describes the degree of your pain relief following the injection. Return this form to the physician who performed your injection at your next schedule visit. It will become part of your medical record.

Name: _____ Date of injection: _____

Type of injection: _____ Time of injection: _____

DAY	100% TOTALLY GONE	80% PRETTY MUCH GONE	50% HALFWAY GONE	20% BARELY GONE	0% USUAL LEVEL, NO RELEIF	NOTES
DAY 1						
DAY 2						
DAY 3						
DAY 4						
DAY 5						
DAY 6						
DAY 7						
DAY 8						
DAY 9						
DAY 10						
DAY 11						
DAY 12						
DAY 13						
DAY 14						