

NAME: _____

DATE: _____

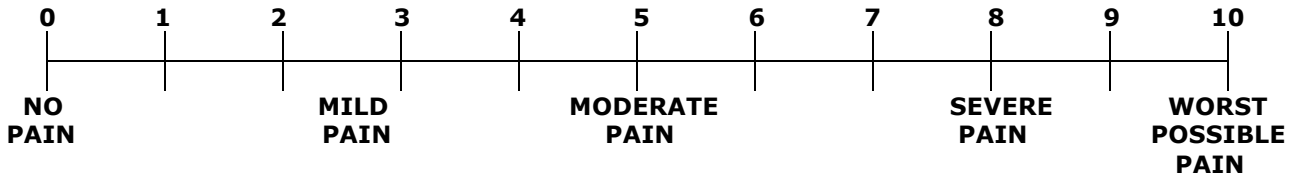
PAIN RECORD

INJECTION DATE: _____

INJECTION TIME: _____

DIRECTIONS:

Using pain scale pictured below, record your level of pain hourly following your spinal injection, for a period of 6-8 hours, or as instructed by your physician.



TIME	PAIN LEVEL	ACTIVITY

***Bring completed form to your next doctor's appointment.**