

Southeast Alaska Surgery Center

3200 Hospital Drive, Suite 100, Juneau, AK 99801

907-523-5962

Name: _____

Date of Birth: _____

Date: _____

Type of Injection: _____

SPINAL INJECTION REPORT FORM

Average Pain Report

Indicate on the numeric scale below your average pain level during the designated times:

Before injection	0	1	2	3	4	5	6	7	8	9	10
Immediately after injection	0	1	2	3	4	5	6	7	8	9	10
30 minutes after	0	1	2	3	4	5	6	7	8	9	10
1 hour after	0	1	2	3	4	5	6	7	8	9	10
1 ½ hours after	0	1	2	3	4	5	6	7	8	9	10
2 hours after	0	1	2	3	4	5	6	7	8	9	10
2 ½ hours after	0	1	2	3	4	5	6	7	8	9	10
3 hours after	0	1	2	3	4	5	6	7	8	9	10
3 ½ hours after	0	1	2	3	4	5	6	7	8	9	10
4 hours after	0	1	2	3	4	5	6	7	8	9	10
4 ½ hours after	0	1	2	3	4	5	6	7	8	9	10
5 hours after	0	1	2	3	4	5	6	7	8	9	10

Activity Specific Pain Report

List 2 or 3 specific activities that are limited because of pain (e.g., walking, driving, bending over, sitting, standing, etc.).

At the designated times below, record the percentage of pain *improvement* with these activities. For example, 0% means no improvement of pain with activity, 50% means pain is half gone with the activity, and 100% means pain is completely gone with activity.

Activity	1 hour after injection	2 hours after injection	3 hours after injection	4 hours after injection

Please return this completed report at your next clinic appointment, or fax it to 1-907-364-2662.