



Patient's Name _____ DOB _____

Date of Procedure _____ Injection Site _____

Please circle your pain level starting with the day of the procedure. After day 10, please mail the results to: Midwest Neurology Associates, 1100 Joliet St, Suite 201, Dyer, IN 46311

Comments:

Day 1 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 2 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 3 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 4 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 5 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 6 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 7 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 8 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 9 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst
Day 10 Date _____						
	0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst

Faces Source: "Wong Face Pain Rating Scale." Wong-Baker Faces Foundation. N.p., n.d. Web. <<http://wongbakerfaces.org/>>.