

ENHANCE CENTER INTERVENTIONAL SPINE & SPORTS

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Procedure: _____

Pre Procedure Avg Score: _____

Date: _____



No Hurt Pain



Hurts Little Bit



Hurts Little More



Hurts Even More



Hurts Whole Lot



Hurts Worst

Time Since Better

Procedure

1 hour

[_____]
0 1 2 3 4 5 6 7 8 9 10

You Feel

2 hour

[_____]
0 1 2 3 4 5 6 7 8 9 10

4 hour

[_____]
0 1 2 3 4 5 6 7 8 9 10

6 hour

[_____]
0 1 2 3 4 5 6 7 8 9 10

8 hour

[_____]
0 1 2 3 4 5 6 7 8 9 10

1 day

[_____]
0 1 2 3 4 5 6 7 8 9 10

2 days

[_____]
0 1 2 3 4 5 6 7 8 9 10

3 days

[_____]
0 1 2 3 4 5 6 7 8 9 10

1 week

[_____]
0 1 2 3 4 5 6 7 8 9 10

2 weeks

[_____]
0 1 2 3 4 5 6 7 8 9 10

%

You Feel