































































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

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