



PAIN DIARY FOR MEDIAL BRANCH BLOCKS

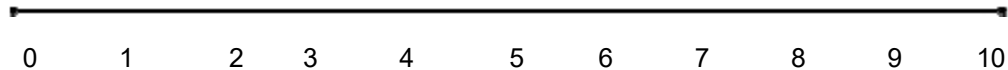
1. This pain diary is based on a scale of 0 (no pain) to 10 (worst imaginable pain).
2. Please do normal activities after the block and complete this pain diary based on those activities.
3. Please be sure to complete this pain diary as accurately as possible.
4. You may:
 - a. Bring this form to your next appointment if you are already scheduled for one,
 - b. Fax this when complete to **757-226-9021** (no coversheet needed) or 3) mail to:

**COVA Spine and Pain Center Procedure Room
329 Edwin Drive, Suite 101
Virginia Beach, Virginia 23462**

Patient: _____ Date: _____
 Procedure: _____ Dr. _____

Please rate your pain on a scale of 0 (no pain) to 10 (worst pain possible):

Pain rating before the injection:



30 minutes after injection:	Time: _____	0	1	2	3	4	5	6	7	8	9	10
1 hour after:	Time: _____	0	1	2	3	4	5	6	7	8	9	10
2 hours after:	Time: _____	0	1	2	3	4	5	6	7	8	9	10
3 hours after:	Time: _____	0	1	2	3	4	5	6	7	8	9	10
4 hours after:	Time: _____	0	1	2	3	4	5	6	7	8	9	10
6 hours after:	Time: _____	0	1	2	3	4	5	6	7	8	9	10
8 hours after:	Time: _____	0	1	2	3	4	5	6	7	8	9	10
1 day after:	Date: _____	0	1	2	3	4	5	6	7	8	9	10
2 days after:	Date: _____	0	1	2	3	4	5	6	7	8	9	10