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Hourly Pain Diary

You have received a diagnostic spinal injection. The results of this injection are important for your ongoing evaluation.

Please evaluate your pain on a scale of "0" (no pain) to "10"(worst pain imaginable) every hour today (the day of your injection) while awake.

Pain Level before procedure _____

Starting Time _____ AM/ PM

| Time | Pain Score |
|------|------------|
| 9AM | _____/10 |
| 10AM | _____/10 |
| 11AM | _____/10 |
| 12PM | _____/10 |
| 1PM | _____/10 |
| 2PM | _____/10 |
| 3PM | _____/10 |
| 4PM | _____/10 |
| 5PM | _____/10 |
| 6PM | _____/10 |
| 7PM | _____/10 |
| 8PM | _____/10 |

Please bring this diary with you to your next appointment. We will call you 1 day following the procedure to obtain the results of this injection.