Protocol for evaluation of effect of the test block during diagnostic investigation

Name: **Hospital No.**

The injections that have been performed are to test if your pain comes from the structure that has been tested. It is therefore very important that you test the effect on your pain after today's test blocks. We would like you to evaluate your pain level and mark it with an X on the chart below.

Type of injection: _____

Time of injection: _____ Date: _____

Pain Evaluation

Please indicate how much of your 'normal' pain you have left at every time interval as per the chart.

0 % means that all your pain has gone. 100% means that your pain is unchanged.
If your pain is increased then please mark with an X in the square on the right.

	0% - 100%	More pain
Before the block 100% (This is your pain today)	←——→	☐
Immediately after block	←——→	☐
1 hour after block	←——→	☐
2 hours after block	←——→	☐
3 hours after block	←——→	☐
4 hours after block	←——→	☐
5 hours after block	←——→	☐
6 hours after block	←——→	☐
Day after block	←——→	☐
1 week after block	←——→	☐
At follow up visit	←——→	☐

When did the pain return to your 'usual' level? Date: _____ Time: _____

Please bring this chart with you on your next visit

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