

## Post Injection Questionnaire

You have just had a spinal injection. It is important for Dr. Kevin McCracken to know the effect, if any, that this injection has had on your pain. Please complete the following and bring it with you to your next office visit.

**Directions:** For each situation, please enter the amount of pain experienced at the specific time indicated. Please rate your pain by marking an X on the pain scale. (0 = no pain; 10 = worst pain imaginable.) In addition, mark the location of the pain on the body outlines.

1. Pain **BEFORE** the injection.

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0 1 2 3 4 5 6 7 8 9 10

2. Pain **ONE HOUR AFTER** the injection.

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0 1 2 3 4 5 6 7 8 9 10

3. Pain **ONE DAY AFTER** the injection.

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0 1 2 3 4 5 6 7 8 9 10

4. Pain **ONE WEEK AFTER** the injection.

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0 1 2 3 4 5 6 7 8 9 10