

# Pain Intensity Change Measures: Same Day

Dr Mark Laslett PhD, NZRPS

Name

Procedure Epidural Injection (TESI)

Date

**Pre-Procedure measurement. Time:**

**Morning before the injection**

Neck Pain Intensity

No pain

---

Worst pain  
Imaginable

Shoulder Pain Intensity

No pain

---

Worst pain  
Imaginable

Upper Limb Pain Intensity

No pain

---

Worst pain  
Imaginable

**Procedure time:**

**Post-Procedure measurement 1 hour later. Also Complete the next page to indicate changes in pain intensity**

Neck Pain Intensity

No pain

---

Worst pain  
Imaginable

Shoulder Pain Intensity

No pain

---

Worst pain  
Imaginable

Upper Limb Pain Intensity

No pain

---

Worst pain  
Imaginable

# Pain Intensity Change Immediate Follow Up

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## 2 hours post procedure. Time:

Neck Pain Intensity	No pain	_____	Worst pain Imaginable
Shoulder Pain Intensity	No pain	_____	Worst pain Imaginable
Upper Limb Pain Intensity	No pain	_____	Worst pain Imaginable

## 4 hours post procedure. Time:

Neck Pain Intensity	No pain	_____	Worst pain Imaginable
Shoulder Pain Intensity	No pain	_____	Worst pain Imaginable
Upper Limb Pain Intensity	No pain	_____	Worst pain Imaginable

## 6 hours post procedure. Time:

Neck Pain Intensity	No pain	_____	Worst pain Imaginable
Shoulder Pain Intensity	No pain	_____	Worst pain Imaginable
Upper Limb Pain Intensity	No pain	_____	Worst pain Imaginable

# Pain Intensity Change Measures: Follow Up

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## 1 week Follow Up: Date

Neck Pain Intensity

No pain

---

Worst pain  
Imaginable

Shoulder Pain Intensity

No pain

---

Worst pain  
Imaginable

Upper Limb Pain Intensity

No pain

---

Worst pain  
Imaginable

## 2 weeks Follow Up: Date

Neck Pain Intensity

No pain

---

Worst pain  
Imaginable

Shoulder Pain Intensity

No pain

---

Worst pain  
Imaginable

Upper Limb Pain Intensity

No pain

---

Worst pain  
Imaginable

## 4 weeks Follow Up: Date

Neck Pain Intensity

No pain

---

Worst pain  
Imaginable

Shoulder Pain Intensity

No pain

---

Worst pain  
Imaginable

Upper Limb Pain Intensity

No pain

---

Worst pain  
Imaginable

# Pain Intensity Change Measures: Follow Up

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## 3 Months Follow Up: Date

Neck Pain Intensity	No pain	_____	Worst pain Imaginable
Shoulder Pain Intensity	No pain	_____	Worst pain Imaginable
Upper Limb Pain Intensity	No pain	_____	Worst pain Imaginable

## 6 Months Follow Up: Date

Neck Pain Intensity	No pain	_____	Worst pain Imaginable
Shoulder Pain Intensity	No pain	_____	Worst pain Imaginable
Upper Limb Pain Intensity	No pain	_____	Worst pain Imaginable

## 12 Months Follow Up: Date

Neck Pain Intensity	No pain	_____	Worst pain Imaginable
Shoulder Pain Intensity	No pain	_____	Worst pain Imaginable
Upper Limb Pain Intensity	No pain	_____	Worst pain Imaginable