

Pain Intensity Change Measures: Injection

Dr Mark Laslett PhD, NZRPS

Name

Procedure Epidural Injection (TESI)

Date

Pre-Procedure measurement. Time:

Morning before the injection

Back Pain Intensity

No pain

Worst pain
Imaginable

Buttock Pain Intensity

No pain

Worst pain
Imaginable

Lower 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

Back Pain Intensity

No pain

Worst pain
Imaginable

Buttock Pain Intensity

No pain

Worst pain
Imaginable

Lower Limb Pain Intensity

No pain

Worst pain
Imaginable

Pain Intensity Change Immediate Follow Up

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2 hours post procedure. Time:

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

4 hours post procedure. Time:

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

6 hours post procedure. Time:

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

Pain Intensity Change Measures: Follow Up

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1 week Follow Up: Date

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

2 weeks Follow Up: Date

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

4 weeks Follow Up: Date

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

Pain Intensity Change Measures: Follow Up

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3 Months Follow Up: Date

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

6 Months Follow Up: Date

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable

12 Months Follow Up: Date

Back Pain Intensity	No pain	_____	Worst pain Imaginable
Buttock Pain Intensity	No pain	_____	Worst pain Imaginable
Lower Limb Pain Intensity	No pain	_____	Worst pain Imaginable