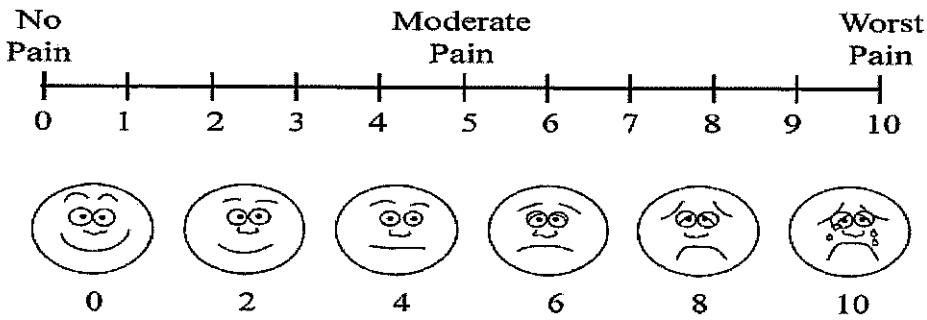
Midwest Interventional Spine Specialists

Pain Diary

Name: **Date:**

Pre-Op Pain:



Please chart every hour for the next 6 hours. Please do not sleep at this time. We need you to do things so we can get an accurate assessment of your pain.

Time	Pain Score	Is your usual pain Gone?		Activity
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	
	0 1 2 3 4 5 6 7 8 9 10	Yes	No	

updated02/21/14PM

Please Remember to bring this with you to your next appointment.
Thank you.