



Shawn Dalton-Bethea, MD

Diplomate ABPM, ABPMR

Interventional Spine & Musculoskeletal Disorders Management

520 Maple Avenue, Suite A • Reidsville, North Carolina 27320

Office 336-349-5050 • Fax 336-349-5056

www.pssspa.com

POST PROCEDURE PAIN DIARY

This is your pain diary. You underwent a diagnostic and/or therapeutic injection today. To obtain the most accurate information regarding the procedure and its results, it is asked that you complete this form to the best of your ability, and bring it with you to your next appointment, at which time it will be reviewed with you.

	Pain Level (0-10)	How Much pain relief do you have? (Mild? Moderate? No Pain?)	Would you have a different, More permanent procedure that would give you this amount of relief? (yes or no)
Before Procedure:			
30 minutes after procedure:			
1 hour after procedure:			
2 hours:			
3 hours:			
4 hours:			
5 hours:			
6 hours:			
7 hours:			
8 hours:			
9 hours:			
10 hours:			
11 hours:			
12 hours:			
13 hours:			
14 hours:			
15 hours:			
16 hours:			
17 hours:			
18 hours:			
19 hours:			
20 hours:			

21 hours:			
22 hours:			
23 hours:			
24 hours:			



0 1 2 3 4 5 6 7 8 9 10

0-10 Numeric Pain Intensity Scale

0	1	2	3	4	5	6	7	8	9	10
No	Mild	Moderate	Severe	Very Severe	Worst					

Performance Spine and Sports Specialists, P.A.

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