



NERVE BLOCK RESULT FORM

Please answer the following questions while your nerve block(s) are in effect:

1. What degree of pain relief did you have, if any (e.g. 20%, 50%)?

2. How did you tolerate the numbness in the injected areas?

3. Were you able to engage in any provocative maneuvers? If so, what were they and how did this affect your relief/numbness?

4. How long did the nerve block(s) last? _____

5. Any other feedback:
