



## 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:

---

---

---

---

---