PUDDENAL NERVE BLOCK: RESULTS FORM

Please answer the questions below and bring this form to your follow-up appointment.

Your Name: ______________________________________________________________

Date of diagnostic PNB: _____ / ______ / ______

Please circle ONE only:  Left PNB  Right PNB  Left and Right PNB

<table>
<thead>
<tr>
<th></th>
<th>Left PNB</th>
<th>Right PNB</th>
<th>Left and Right PNB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you experience numbness of the perineum? (saddle area between legs)?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Did your pain / symptoms completely resolve while you were numb?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Your pain/symptoms the day before the block:

0 - 10 VAS Numeric Pain Distress Scale

No pain  | Moderate pain  | Unbearable pain
0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10

Your pain/symptoms when you woke up after the block:

0 - 10 VAS Numeric Pain Distress Scale

No pain  | Moderate pain  | Unbearable pain
0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10

Your pain /symptoms the day after the block:

0 - 10 VAS Numeric Pain Distress Scale

No pain  | Moderate pain  | Unbearable pain
0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10

WHRIA does not accept any liability to any person for the information or advice (or use of such information or advice) which is provided on the Website or incorporated into it by reference. WHRIA provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy. Women and men are encouraged to discuss their health needs with a health practitioner. If you have concerns about your health, you should seek advice from your health care provider or if you require urgent care you should go to the nearest Emergency Dept.