

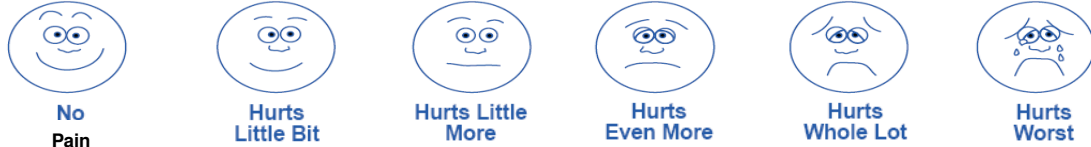
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POST PROCEDURE PAIN LOG

Procedure: _____ Pre Procedure Avg Score: _____ Date: _____

Explanation of the VASD Scale

On the scale below **NO PAIN** means the total absence of any ache, pain, discomfort or any other symptoms. The **WORST IMAGINABLE PAIN** means a pain so severe that it would be equal to having your hand held in a fire against your will. It is as intense as the worst torture that you could ever imagine.



Time Since Procedure	No Pain	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst	% Better You Feel					
30 min	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
1 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
2 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
3 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
4 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
5 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
6 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
7 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
8 hour	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
1 day	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
2 days	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
3 days	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
1 week	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	
2 weeks	[_____]	[_____]	[_____]	[_____]	[_____]	[_____]	_____					
	0	1	2	3	4	5	6	7	8	9	10	

PLEASE BRING THIS LOG WITH YOU TO THE CLINIC ON FOLLOW UP.
 YOUR APPOINTMENT MAY BE CANCELLED IF YOU DO NOT BRING THIS WITH YOU.