Healing Logbook , VAS (Days 1-7, 14)

Subje	ct initi	ials:										
Subje	ct no.	:										
Sex/A	ge:				<u>(</u>	(Day 1)					
Did yo	u take	any p	ainkille	ers?	Ple	ase cir	cle:	Ye	es	N	lo	
If yes,	If yes, please specify the name of the painkiller:											
				Vis	sual A	nalog	ue Sca	ale				
Please bleedi							ow to ir	ndicate	e the s	everity	of your	
How s	evere	is youı	r bleed	ling to	day? (0= no	bleedir	ng; 10	= very	sever	e bleeding)	
Day 1	0	1	2	3	4	5	6	7	8	9	10	
How s	evere	is youı	r swell	ing toc	lay? (0)= no s	swellin	g; 10 =	= very :	severe	swelling)	
Day 1	0	1	2	3	4	5	6	7	8	9	10	
How s	evere	is youı	r pain t	today?	' (0= n	o pain	; 10 =	very s	evere p	oain)		
Day 1	0	1	2	3	4	5	6	7	8	9	10	
How s	evere	is youı	r bruisi	ing tod	lay? (C)= no b	ruisin	g; 10 =	very s	severe	bruising)	
Day 1	0	1	2	3	4	5	6	7	8	9	10	

(Day 2)

Did yo	u tak	e any p	oainkil	lers?	Ple	ease ci	rcle:	Y	'es	N	lo
If yes,	pleas	se spe	cify the	e name	of the	e paink	iller:				
				Vi	sual <i>A</i>	Analog	jue Sc	ale			
	-			nark or ruising			ow to i	ndicat	e the s	everity	of your
How s	evere	is you	ır blee	ding to	day? ((0= no	bleedi	ng; 10	e very	/ sever	e bleeding)
Day 2	0	1	2	3	4	5	6	7	8	9	10
		•		J	• `		swellin	ıg; 10	= very	severe	swelling)
Day 2	0	1	2	3	4	5	6	7	8	9	10
		•	•	today'	`	•	n; 10 =	very s	severe	pain)	
Day 2	0	1	2	3	4	5	6	7	8	9	10
How s	evere	is you	ır bruis	sing too	day? (0= no	bruisin	g; 10 :	= very	severe	bruising)
Day 2	0	1	2	3	4	5	6	7	8	9	10

(Day 3)

Did yo	u take	any p	ainkill	ers?	Ple	ase cir	cle:	Y	es	Ν	lo	
If yes,	If yes, please specify the name of the painkiller:											
	<u>Visual Analogue Scale</u>											
Please place a vertical mark on the line below to indicate the severity of your bleeding/swelling/pain/bruising today.												
How s	How severe is your bleeding today? (0= no bleeding; 10 = very severe bleeding)											
Dav 3												
,	0	1	2	3	4	5	6	7	8	9	10	
How s	evere	is you	ır swel	ling too	day? (0)= no s	swelling	j; 10 =	= very	severe	swelling)	
Dav 3												
,	0	1	2	3	4	5	6	7	8	9	10	
How s	evere	is you	ır pain	today?	? (0= n	o pain	; 10 = v	ery s	evere	pain)		
Day 3							6					
	0	1	2	3	4	5	6	7	8	9	10	
How s	evere	is you	ır bruis	ing too	day? (C)= no b	ruising	ı; 10 =	= very s	severe	bruising)	
Day 3	0	1	2	3	4	5	6	7	8	9	10	

(Day 4)

Did you take any	/ painki	llers?	Р	lease (circle:		Yes		No		
If yes, please specify the name of the painkiller:											
Visual Analogue Scale											
Please place a vertical mark on the line below to indicate the severity of your bleeding/swelling/pain/bruising today.											
How severe is your bleeding today? (0= no bleeding; 10 = very severe bleeding)											
Day 4											
Day 4	2	3	4	5	6	7	8	9	10		
How severe is y	our swe	elling to	day?	(0= nc	swelli	ng; 10) = ver	y seve	re swell	ing)	
Day 4	2	3	4	5	6	7	8	9	10		
How severe is y	•	•	,	•				. ,			
Day 4	2	3	4	5	6	7	8	9	10		
How severe is y	our bru	ising to	day?	(0= nc	bruisi	ng; 10	= ver	y sever	e bruisi	ng)	
Day 4	2	3	4	5	6	7	8	9	10		

(Day 5)

Did y	ou tak	e any	painki	illers?	Р	lease (circle:		Yes		No	
If yes	f yes, please specify the name of the painkiller:											
				<u>V</u>	isual	Analo	gue S	<u>cale</u>				
Please place a vertical mark on the line below to indicate the severity of your bleeding/swelling/pain/bruising today.												
How	severe	e is yo	ur ble	eding to	oday?	(0= n	o bleed	ding; 1	0 = ve	ry seve	ere blee	ding)
Day !	5			3								
	0	1	2	3	4	5	6	7	8	9	10	
How	severe	e is yo	ur swe	elling to	day?	(0= nc	swelli	ng; 10) = ver	y seve	re swelli	ng)
Day !	5			3								
	0	1	2	3	4	5	6	7	8	9	10	
Have		. :			0 (0		: 40			:-·\		
		•	•	n today	•	•				. ,		
Day !	5	1	2	3	4	5	6	7	8	9	10	
How	severe	e is yo	ur bru	ising to	day?	(0= nc	bruisi	ng; 10	= ver	y sevei	e bruisi	ng)
Day !	5			3								
	O	1	2	3	4	5	6	7	8	9	10	

(Day 6)

Did y	ou take	e any p	ainkill	ers?	Please circle:				es	N	lo	
If yes	f yes, please specify the name of the painkiller:											
	Visual Analogue Scale											
				VI	sual A	nalog	ue Sca	<u>ale</u>				
	Please place a vertical mark on the line below to indicate the severity of your pleeding/swelling/pain/bruising today.											
How	severe	is you	r bleed	ding to	day? (0= no	bleedir	ng; 10	= very	sever	e bleeding)	
Day (6								8			
	0	1	2	3	4	5	6	/	8	9	10	
How	severe	is you	r swel	ling too	day? ((0= no :	swellin	g; 10 =	= very	severe	swelling)	
Day (6											
	0	1	2	3	4	5	6	7	8	9	10	
How	severe	is you	r pain	today	? (0= n	o pain	; 10 =	very s	evere	pain)		
Dav (6											
,	6	1	2	3	4	5	6	7	8	9	10	
How	severe	is you	r bruis	ing too	day? (C)= no t	oruisino	g; 10 =	= very :	severe	bruising)	
Day (6						6	7	8	9		
	U	I	2	3	4	Э	Ö	1	ŏ	Э	10	

(Day 7)

Did you tak	e any	painki	llers?	Р	lease	circle:		Yes		No		
f yes, please specify the name of the painkiller:												
Visual Analogue Scale												
			<u>v</u>	isuai	Anaic	ogue S	cale					
Please place a vertical mark on the line below to indicate the severity of your bleeding/swelling/pain/bruising today.												
How severe	e is yo	ur ble	eding t	oday?	(0= n	o bleed	ling; 1	0 = ve	ry seve	ere blee	eding)	
Day 7	1	2	3	4	5	6	7	8	9	10		
How severe	How severe is your swelling today? (0= no swelling; 10 = very severe swelling)											
Day 7												
Day 7	1	2	3	4	5	6	7	8	9	10		
How severe	e is yo	ur paii	n today	/? (0=	no pa	iin; 10 =	= very	sever	e pain)			
Day 7												
0	1	2	3	4	5	6	7	8	9	10		
How severe	e is yo	ur bru	ising to	oday?	(0= no	o bruisii	ng; 10	= ver	y sever	e bruis	ing)	
Day 7												
0	1	2	3	4	5	6	7	8	9	10		

(Day 14)

Did you take any painkillers? Yes No Please circle: If yes, please specify the name of the painkiller:____ **Visual Analogue Scale** Please place a vertical mark on the line below to indicate the severity of your bleeding/swelling/pain/bruising today. How severe is your bleeding today? (0= no bleeding; 10 = very severe bleeding) Day 14 10 How severe is your swelling today? (0= no swelling; 10 = very severe swelling) Day 14 10 How severe is your pain today? (0= no pain; 10 = very severe pain) Day 14 10 How severe is your bruising today? (0= no bruising; 10 = very severe bruising) Day 14 10