

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

Subject initials:

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Subject no.:

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Sex/Age:

(Day 1)

Did you take any painkillers? Please 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 1 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 1 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 1 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 1 _____
0 1 2 3 4 5 6 7 8 9 10

(Day 2)

Did you take any painkillers? Please 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 2 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 2 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 2 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 2 _____
0 1 2 3 4 5 6 7 8 9 10

(Day 3)

Did you take any painkillers? Please 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 3 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 3 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 3 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 3 _____
0 1 2 3 4 5 6 7 8 9 10

(Day 4)

Did you take any painkillers? Please 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 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 4 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 4 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 4 _____
0 1 2 3 4 5 6 7 8 9 10

(Day 5)

Did you take any painkillers? Please 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 5 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 5 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 5 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 5 _____
0 1 2 3 4 5 6 7 8 9 10

(Day 6)

Did you take any painkillers? Please 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 6 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 6 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 6 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 6 _____
0 1 2 3 4 5 6 7 8 9 10

(Day 7)

Did you take any painkillers? Please 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 7 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 7 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 7 _____
0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 7 _____
0 1 2 3 4 5 6 7 8 9 10

(Day 14)

Did you take any painkillers? Please 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 14

0 1 2 3 4 5 6 7 8 9 10

How severe is your swelling today? (0= no swelling; 10 = very severe swelling)

Day 14

0 1 2 3 4 5 6 7 8 9 10

How severe is your pain today? (0= no pain; 10 = very severe pain)

Day 14

0 1 2 3 4 5 6 7 8 9 10

How severe is your bruising today? (0= no bruising; 10 = very severe bruising)

Day 14

0 1 2 3 4 5 6 7 8 9 10