**Patient Pain Diary (VAS)**

Please put a mark on the line to indicate your maximum pain score on each day. Please also write a score from 0 to 10 for your maximum pain on each day.

***Example****: If your pain score on day 4 is roughly about 5 over 10 (10 being the worst pain imaginable), you might want to indicate it as below:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day 4** | No pain |  | 5*|* |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |

**Study Diary:**

(0 = no pain and 10 = worst pain imaginable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day 0** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 1** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 2** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 3** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 4** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 5** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 6** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 7** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 8** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 9** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |
| **Day 10** | No pain |  |  |  |  | Worst pain imaginable |
|  |  | 0 |  |  | 10 |  |