



# Pain scale

Post procedure

ES  /

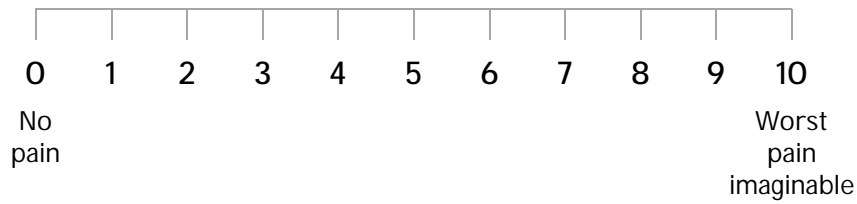
Date and time of completion

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y	y	y

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h	h	m	m

On a scale of 0-10, where 0 is 'no pain' and 10 is 'worst imaginable pain', please rate your current level of pain in relation to your Endometrial Scratch.

Please draw a circle around the most appropriate number that describes your pain.



Was the Endometrial Scratch procedure tolerable?

Yes  No



# Pain scale

<Timepoint>

ES  /

Date and time of completion

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y	y	y

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h	h	m	m

On a scale of 0-10, where 0 is 'no pain' and 10 is 'worst imaginable pain', please rate your level of pain today in relation to your Endometrial Scratch.

Please draw a circle around the most appropriate number that describes your pain.

