

NRS Pain Score and Analgesic Intake Log Sheet

Participant Name: _____

Study ID: _____

Date of Implant Surgery: _____

Time Point	Clock Time	Pain Score (0–10)	Acetaminophen Taken (Yes/No)	Dosage (mg)	Additional Notes
0 hours (Surgery End Time)					
2 hour					
6 hour					
12 hour					
24 hour					
48 hour					
72 hour					

Instructions for Completing the Pain and Medication Log Sheet

Please follow these simple steps to help us accurately assess your recovery:

Clock Time: The exact time for each entry (based on your surgery end time) will be filled in by the study investigator — **please do not change this column.**

✓ **Your Tasks (to be completed at each time point listed):**

- Please record your pain level (Pain Score) using the Numeric Rating Scale (NRS) at the specified **Clock Time** below.
- Use the scale from 0 to 10, where 0 means "No pain" and 10 means "Worst pain imaginable". Refer to the table below for a detailed description of each pain score.
- The score should reflect the **worst pain since the last scheduled Clock Time**, even if you missed recording it.
- If you forget to fill in a time, **leave it blank** and write the **reason and your best estimate** of the pain in the **Notes** section.
- In the "**Acetaminophen Taken**" column, write "**Yes**" only if you took a 1000 mg dose of acetaminophen within **4 hours before** the listed time, otherwise write "**NO**".
- Use the Notes column to mention any of the following:
 - Missed or delayed a pain score recording (and why)
 - Took another pain medication (name it if possible)
 - Took acetaminophen earlier than advised (explain the reason)
 - Any side effects, unusual symptoms, or important comments

Reminder:

- Please take **1000 mg acetaminophen only if your pain score exceeds 3.**
- Try to stick to the schedule and fill in the log as soon as possible after each listed time point.
- Keep this sheet safe and return it as instructed.
- For any questions or clarifications, please contact principal investigator at **01140228214.**

Numeric Rating Scale (NRS)

Pain Score	Description
0	No pain
1-3	Mild pain: Pain is present but does not interfere with daily activities.
4-6	Moderate pain: Pain interferes with some activities but is manageable.
7-9	Severe pain: Pain significantly limits activities and requires intervention.
10	Unbearable pain: Worst possible pain.

Important:

- If you experience any unexpected side effects, please contact us immediately.

Signature of Participant: _____

Date: _____

Contact for Support

Principal Investigator:

Dr. Mohammad Mahmoud Yehya Abdussalam

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Thank you for your participation!