

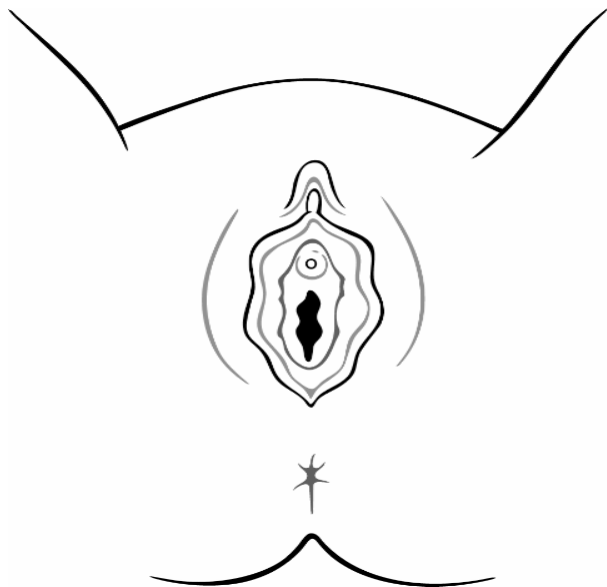
Vulvar Pain Diary

Use the following chart and diagrams to track your pain symptoms. You can record information once a day, several times a day, or intermittently throughout the week or month.

Date of last menstrual period _____

| Date/ Time | Pain Score (0-10) 0 = no pain 10 = worst pain | How would you describe your pain? Burning, sharp, stabbing, etc.? | What were you doing when the pain began or increased? | Name/Amount of Medication Taken | Medication Side Effects? | Non-Drug Pain-Relief Techniques Used | Pain Score after 1 Hour | Other Notes |
|---------------|--|--|--|---------------------------------------|--------------------------------|---|----------------------------------|----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Please indicate where your pain is located on the vulvar diagram.
Mark the areas where your pain is most severe with an "X."



If you experience chronic pain in other areas of
your body, please mark them on this diagram.

