

Name:
MRN:
Date:
Study Number:

POST-BIOPSY: Patient

Laser acupuncture study

1. How **anxious** do you feel right **now**? Please circle a number

0	1	2	3	4	5	6	7	8	9	10
Not at all		Little		Medium				A lot		Worst imaginable

2. How much **pain** do you feel right **now**? Please circle a number below:



3. How much **pain** did you feel **during** the biopsy? Please circle a face or number.



4. Please describe your pain, if you had pain.

- Sharp and locatable
- Vague and diffuse
- Sensation of pressure
- Burning pain
- Other: _____

5. Where was the pain located, if you had pain?

- Your back
- Your abdomen in general
- Exactly on the biopsy site
- Somewhere else: _____

6. Did you have any of the following? May circle more than one.
- a. Sharp pain
 - b. Nausea
 - c. Sleepiness
 - d. Other: _____
 - e.

7. If you've had a biopsy in the past, was this experience
- a. Better
 - b. The same
 - c. Worse

8. If you've had a biopsy in the past, was the pain you felt TODAY
- a. Better
 - b. The same
 - c. Worse

9. Do you think you received real laser acupuncture today? Circle one.
- Yes No

10. Would you want to have laser acupuncture in the future? Circle one.
- Yes No

11. Would you recommend laser acupuncture to someone else having a kidney biopsy? Circle one.
- Yes No

12. Do you think laser acupuncture could be helpful for other types of procedures? Circle one.
- Yes No

If so, what type of procedure? _____

13. What could we do to make this experience better?