VISUAL ANALOG PAIN SEVERITY SCALE

Instructions

Please mark on the line provide below that corresponds to how you are feeling now.

No Pain ━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━ **Worst Pain Ever**

Instructions

Please indicate below the location and type of pain you are currently experiencing.

A = Aching   X = Burning   * = Inflammation   # = Pain

^ = Pins & Needles   ~ = Spasm   /// = Stabbing   T = Tender

In your own words, how would you describe how you are feeling now…

_____   _____   _____
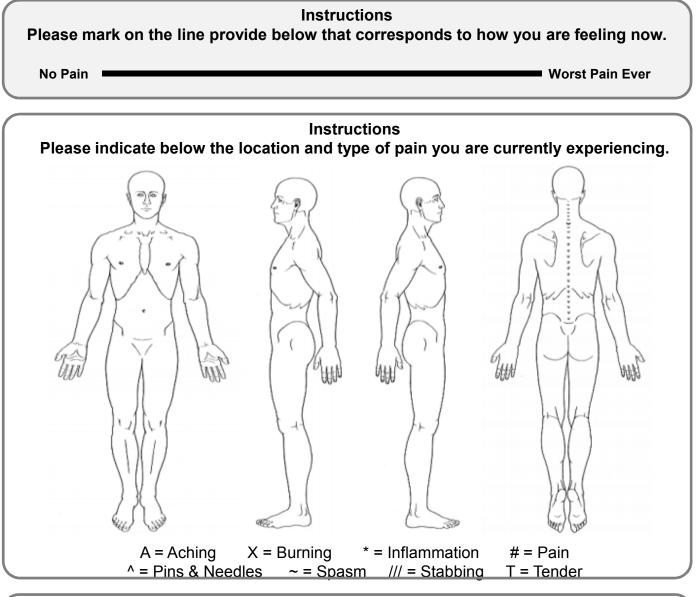
File #   Patient's Name   Date

Patient File #: _____