

## Visual Analog Scale

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ File#: \_\_\_\_\_

Please use the following key to accurately mark the areas in which you feel the described sensations. Use the appropriate symbols and list the affected areas. Draw the symptoms on the body.

**Dull / Aching / Soreness \*\*\***

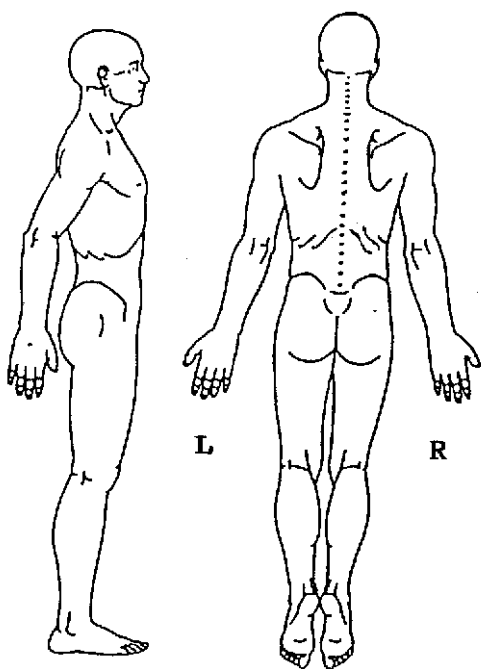
**Stabbing / Cutting ///**

**Burning XXX**

**Numbness ==**

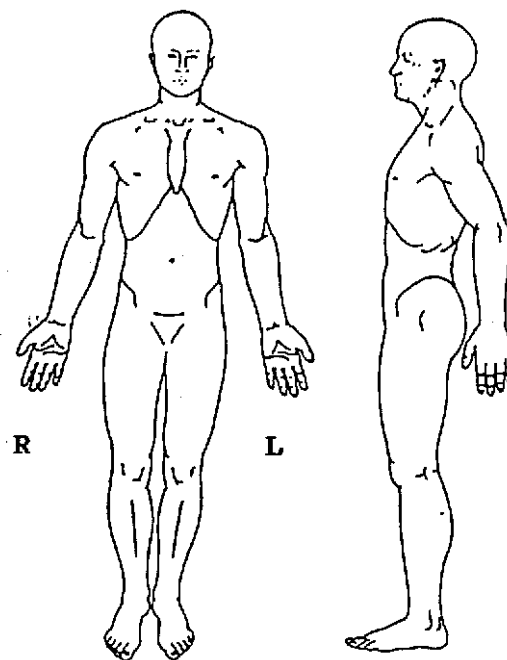
**Tingling (Pins & Needles) :::**

**Cramping SSS**

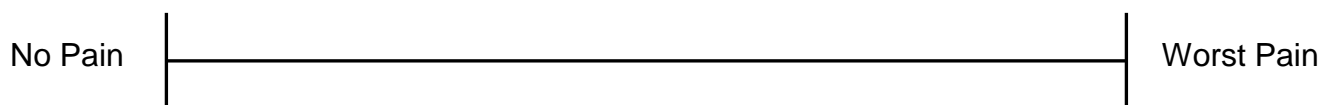


### Major Complaints

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



Please place one mark on the line below to indicate your present pain level:



Please write any additional comments in this space: \_\_\_\_\_

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Patient's Signature: \_\_\_\_\_