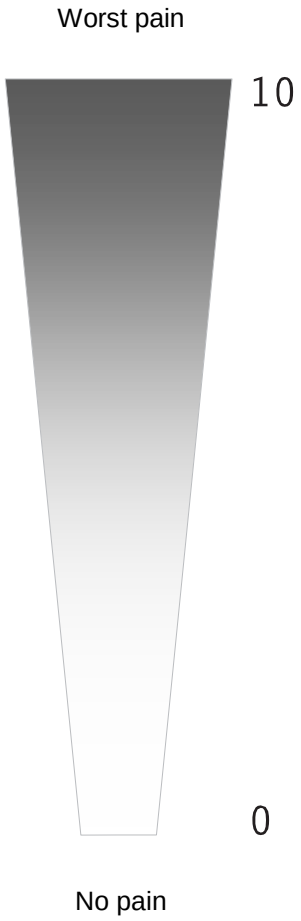
Vertical Visual Analogue Scale
(Vertical VAS)



Patient last name: . . . . . Date of birth: . . . . / . . . . / . . . . . .

Patient first name: . . . . . Date: . . . . / . . . . / . . . . . .