
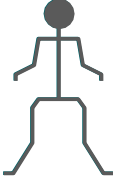

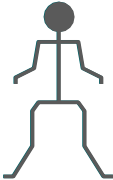

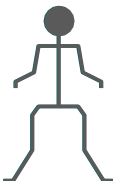


Visual Analogue Scale (VAS)

Place a vertical mark on the lines below to indicate how bad you feel your pain is today

	Painful areas	Examination conditions*
 0 1 2 3 4 5 6 7 8 9 10		
 0 1 2 3 4 5 6 7 8 9 10		
 0 1 2 3 4 5 6 7 8 9 10		

* Spontaneous Pain (SP)

Pain Caused (PC)

PC in Mobilization

PC other (specify)

Patient last name:

Date of birth: / /

Patient first name:

Date: / /