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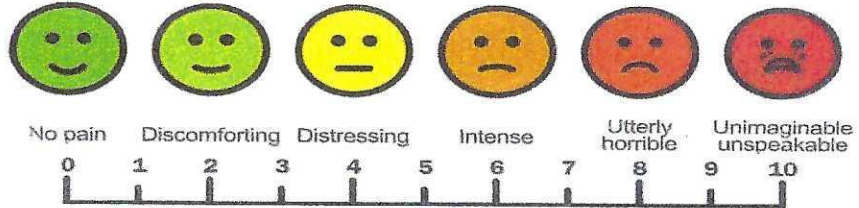
Visual Analogue Scale

Name _____

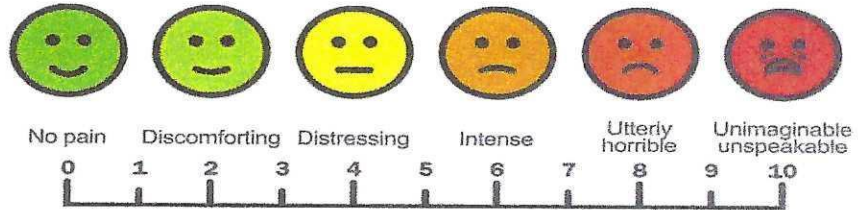
DOB _____

Use a scale of 1-10, with 10 being the worst pain, indicate your level of pain.

What is your pain right now?

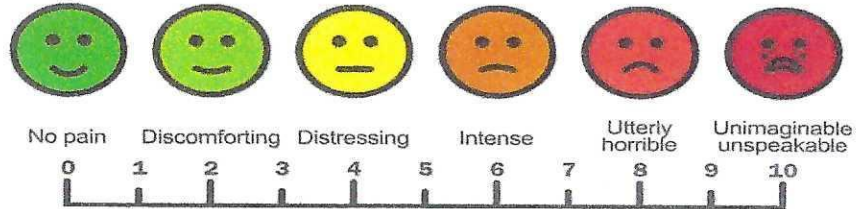


What is your typical or average pain?

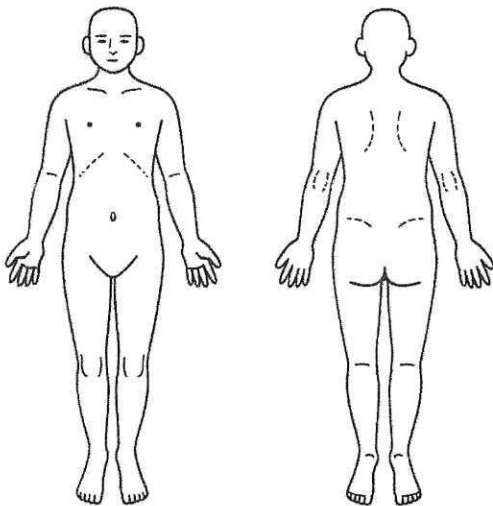


Percent of time present: ___ 1-25% ___ 26-50% ___ 51-75% ___ 76-100%

What is your pain AT ITS WORST? How close to 10 does it get?



Percent of time present: ___ 1-25% ___ 26-50% ___ 51-75% ___ 76-100%



Please describe:

Please outline on the diagram the areas of your discomfort.