



VAS PAIN ASSESSMENT

PATIENT _____

DATE _____

WHEN DID THE PROBLEM BEGIN? _____

HOW DID THE PROBLEM START? _____

Other

Sports

Workers' Compensation Claim

Car Accident

WHAT IS YOUR PAIN **RIGHT NOW**?

No Pain _____ Worst Pain
0 1 2 3 4 5 6 7 8 9 10

OVERALL, IS YOUR PAIN GENERALLY:

Improving

Same

Worsening

Using the appropriate symbol, mark the areas on your body where you feel the sensations described below. Mark the areas of radiation. Include all affected areas. Please mark an "X" on the areas where the pain is now worst.

ACHING

—

NUMBNESS

PINS AND NEEDLES

OOO

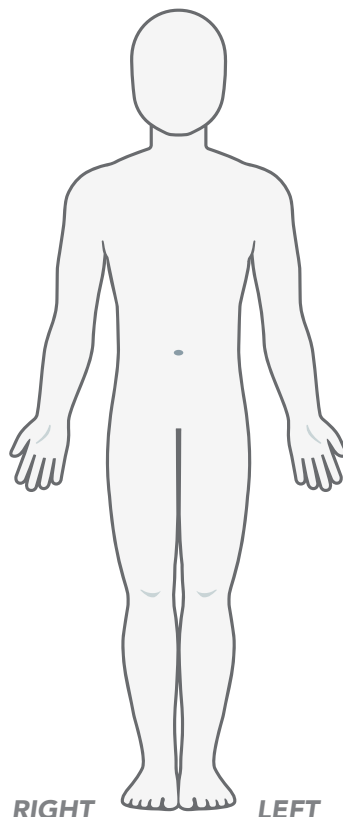
BURNING

XXX

STABBING

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FRONT



BACK

