

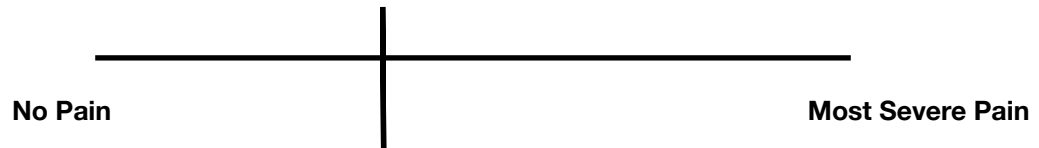
Name: _____

Date: _____

VAS

Visual Analog Scale

Please draw a single line through the scale representing your level of pain. Please see the example below.



Please use this line to mark your level of pain:

