

# Visual Analogue Scale (VAS)

P&PT-VAS

Please Answer The Following Questions:

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PreTest VAS

Please place a mark under the number below that most accurately represents the pain level that you are feeling *right now*. Please note that “unbearable pain” is a “10” and is located on the right hand side of the line. “No Pain” is a “0” and is located on the left.

0	1	2	3	4	5	6	7	8	9	10

No Pain

Unbearable

## PostTest VAS

Please place a mark under the number below that most accurately represents the pain level that you are feeling *right now*. Please note that “unbearable pain” is a “10” and is located on the right hand side of the line. “No Pain” is a “0” and is located on the left.

0	1	2	3	4	5	6	7	8	9	10

No Pain

Unbearable