# VISUAL ANALOGUE SCALE

**INSTRUCTIONS: Using a scale of 0-10, please mark on the scale the level that best describes the question asked. The "10" indicates the worst pain.**

**EXAMPLE:**

0 1 2 3 4 5 6 7 8 9 10

**What is your pain RIGHT NOW?**

0 1 2 3 4 5 6 7 8 9 10

**What is your TYPICAL or AVERAGE pain?**

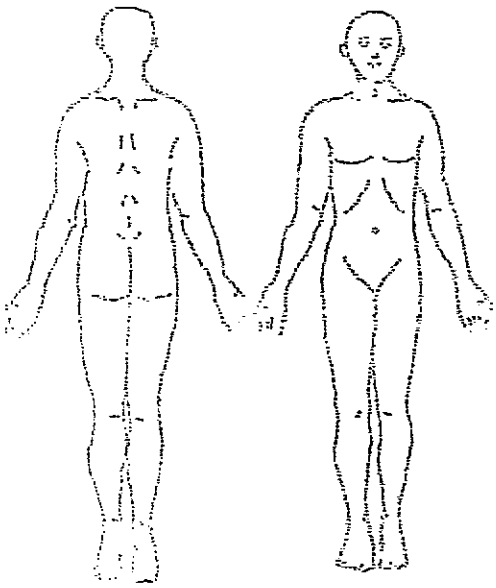
0 1 2 3 4 5 6 7 8 9 10

**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)?**

0 1 2 3 4 5 6 7 8 9 10

**Percent of time present:** _____1-25% _____26-50% _____51-75% _____76-100%



Please outline on the diagram the area of your discomfort

**Please Describe**

_____
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_____
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