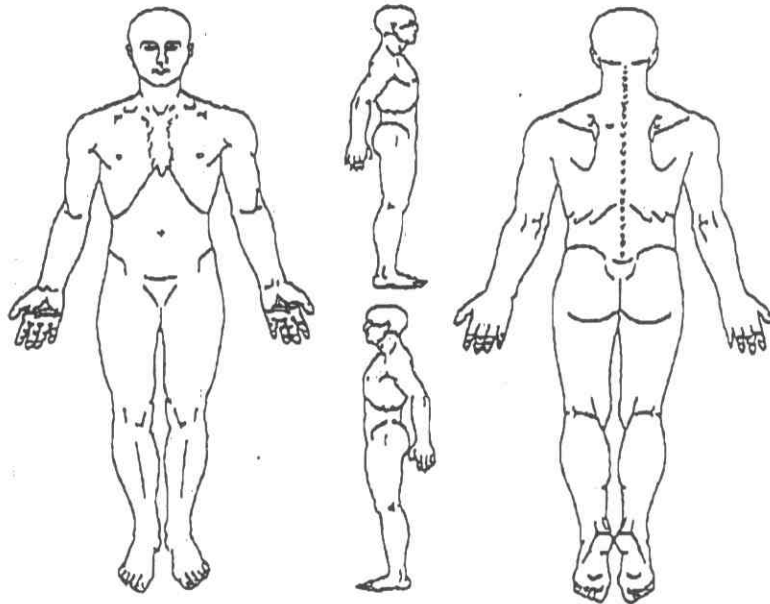


VAS DC Patient Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How long have you had your symptoms? \_\_\_\_ days \_\_\_\_ weeks \_\_\_\_ months \_\_\_\_ years

On the diagram below, please indicate where, and what type of symptoms that you are experiencing, right now. Write the appropriate abbreviations (see the key below) over the area of the body where those symptoms are occurring.

- A = ACHE
- B = BURNING
- N = NUMBNESS
- P = PINS & NEEDLES
- S = STABBING
- O = OTHER \_\_\_\_\_



**Instructions:** Please fill in the bubble that corresponds to the pain level that you are experiencing.

**Note:** If you have more than one complaint, please indicate your pain levels for each complaint. Please indicate your pain level for ① your pain at its worst, ② your pain right now and ③ your average pain level.

**Example:**  
 No Pain ① ② ③ ④ ● ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible

- ① My pain when it is at its worst is:  
 No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible
- ② My pain right now is:  
 No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible
- ③ My average pain level is:  
 No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible

Patient/Other Signature \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_