

**RICHART SPINAL AND SPORTS REHABILITATION, Ltd.**

Robert L. Richart D.C, CCSP, CSCS, FIAMA

900 Waukegan Road

Glenview IL 60025

847-657-8686

VISUAL ANALOGUE SCALE

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Instructions: Please circle the number that best describes the question being asked.

**Complaint # 1** \_\_\_\_\_

1. What is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?

No pain \_\_\_\_\_ worst possible pain  
0 1 2 3 4 5 6 7 8 9 10

2. What is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?

No pain \_\_\_\_\_ worst possible pain  
0 1 2 3 4 5 6 7 8 9 10

**Complaint # 2** \_\_\_\_\_

1. What is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?

No pain \_\_\_\_\_ worst possible pain  
0 1 2 3 4 5 6 7 8 9 10

2. What is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?

No pain \_\_\_\_\_ worst possible pain  
0 1 2 3 4 5 6 7 8 9 10

**Complaint # 3** \_\_\_\_\_

1. What is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?

No pain \_\_\_\_\_ worst possible pain  
0 1 2 3 4 5 6 7 8 9 10

2. What is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?

No pain \_\_\_\_\_ worst possible pain  
0 1 2 3 4 5 6 7 8 9 10

COMMENTS:

OFFICE USE ONLY

Score#1: \_\_\_\_\_ Score #2 \_\_\_\_\_ Score #3 \_\_\_\_\_

Dr. Signature: \_\_\_\_\_