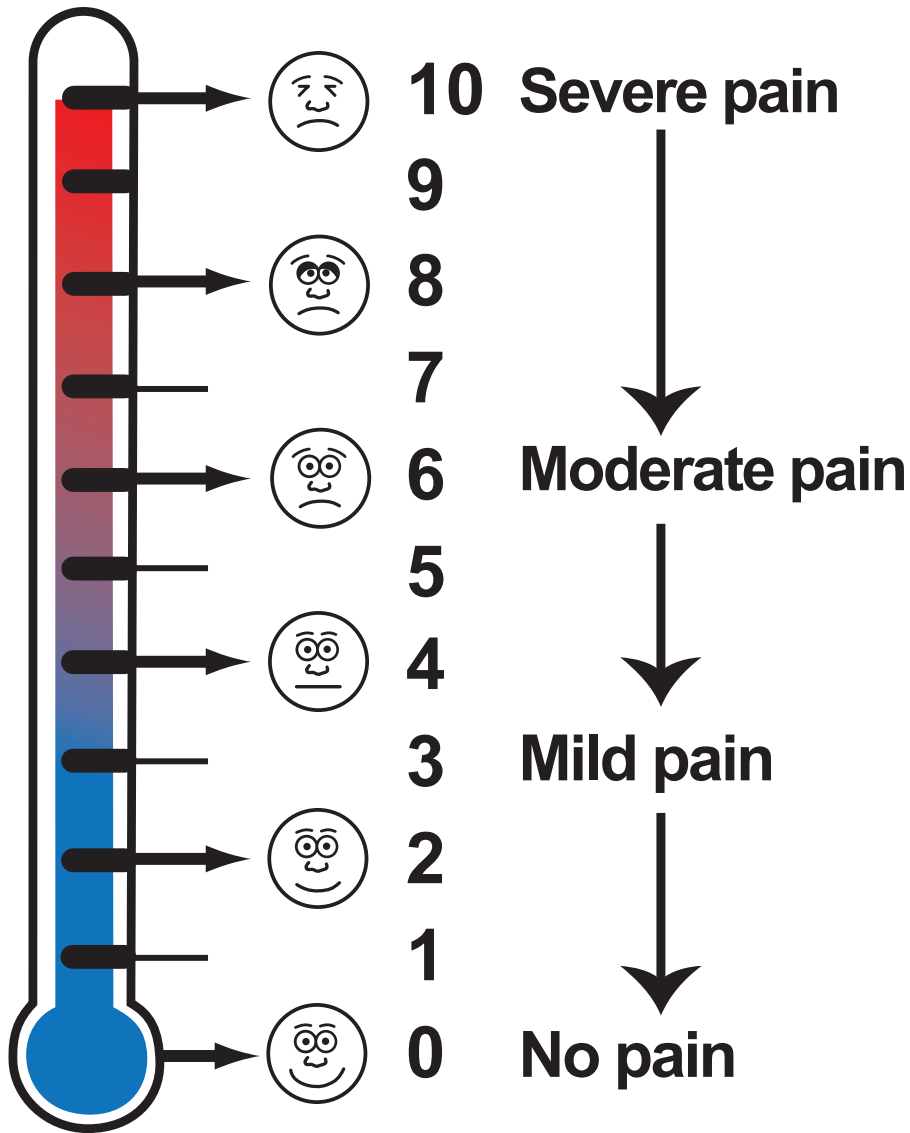


**Visual Pain Scale**

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

Please mark your pain level for the last two days.



Adapted from a scale produced by the Northeast Health Care Quality Foundation with federal/QIO funds and reproduced with their permission.