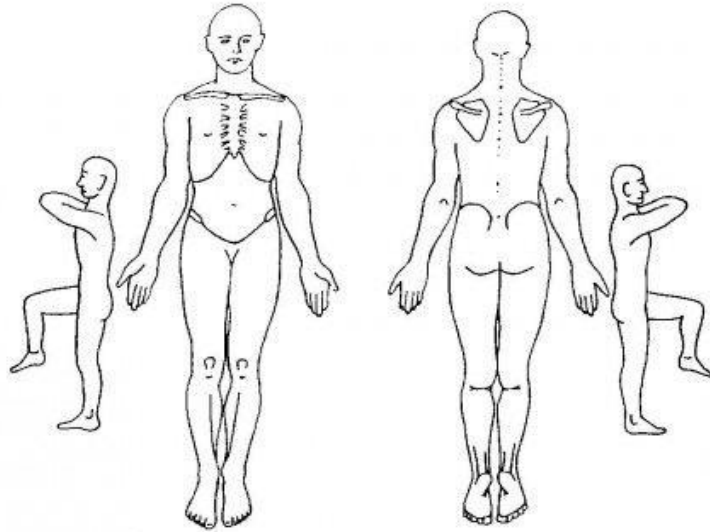


VAS Patient name: _____ Date: ____/____/____

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

On the diagram below, please indicate where, when 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 _____



What is Your Pain Doing to You?

What activities listed below does your problem interfere with?

Circle all that apply to you.

Personal Care:

Washing

Dressing

Making food

Talking on the phone

Sex life

Reading

Concentration

Sleeping

Sitting

Stading

Laying down

Exercising

Walking

Lifting

Recreation

Work

Traveling

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