

Name: _____

Date: _____ Time: _____

Verbal Pain Rating Scale (VRS)

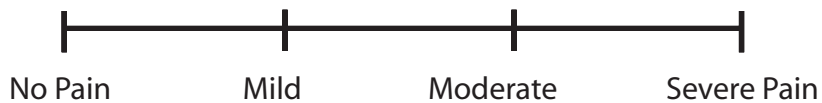
Pick the words that best describe, at this moment, the quality of your discomfort.



Therapist Fold Here

Date: _____ Time: _____

Pick the words that best describe, at this moment, the quality of your discomfort.



Therapist Fold Here

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