

lee chiropractic clinic

sports • performance • wellness

VISUAL ANALOG SCALES

Make a mark (/) along the line which you think represents your current level of pain in your major area of injury, somewhere between “No pain at all” and “Pain as bad as it could be”

No Pain At All _____ Pain As Bad As It
Could Be

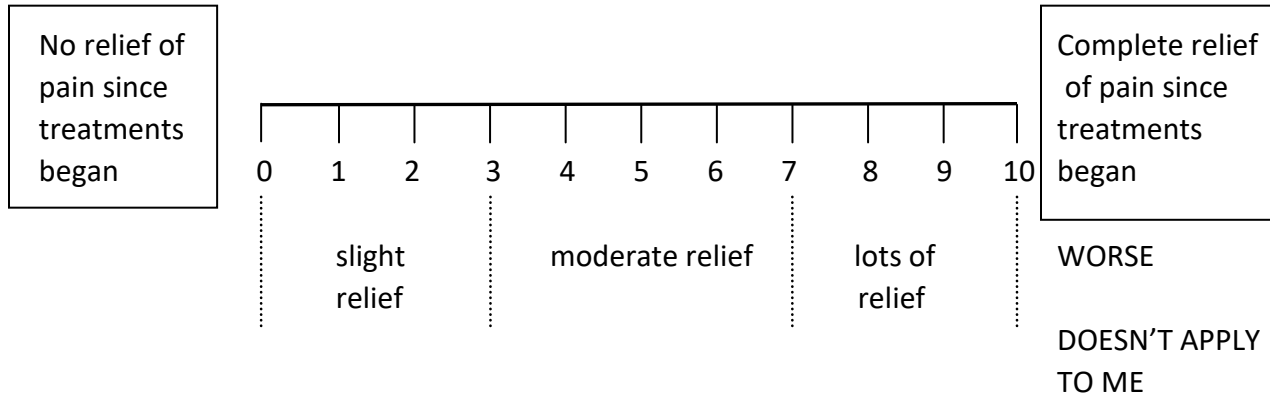
ARE YOU BETTER SINCE YOUR FIRST TREATMENT?

Name: _____

Date: _____

Please try and remember back to the first day when you started these treatments and tell us how much you have improved since that first day. Please do this page before today’s treatment begins.

1. Pain Relief



2. Activity Increase (walking, standing, working, exercising, etc)

