## Visual Analogue Scale (VAS)

## Instructions for producing a VAS Bedside card:

## OPTION 1

- Double-sided print or photocopy the next 2 diagrams ensuring that the lines are exactly 10 cm in length and superimposed
- Laminate the VAS Bedside card for patient use


No pain

Worst pain ever

$$
\begin{array}{lllllllllll}
10 & 9 & 8 & 7 & 6 & 5 & 4 & 3 & 2 & 1 & 0
\end{array}
$$

PLEASE NOTE: For purposes of double-sided print, the numbers on this scale are reversed.

## OPTION 2

- Print or photocopy the next 2 diagrams on an A4 sheet ensuring that the lines are exactly 10 cm in length
- Fold at the dotted line
- Do not show the patient the numbered scale



## Numerical rating scale (NRS)



## Faces rating scale (FRS)



## Behavioral rating scale

For patients unable to provide a self-report of pain: scored 0-10 clinical observation

| Face | $\begin{aligned} & \quad 0 \\ & \text { Face muscles } \\ & \text { relaxed } \end{aligned}$ | 1 <br> Facial muscle tension, frown, grimace | $2$ <br> Frequent to constant frown, clenched jaw | Face score: |
| :---: | :---: | :---: | :---: | :---: |
| Restlessness | 0 <br> Quiet, relaxed appearance, normal movement | $\quad 1$ <br> Occasional <br> restless <br> movement, <br> shifting position | $2$ <br> Frequent restless movement may include extremities or head | Restlessness score: |
| Muscle tone* | Normal muscle tone | 1 <br> Increased tone, flexion of fingers and toes | Rigid tone ${ }^{2}$ | Muscle tone score: |
| Vocalization** | 0 <br> No abnormal sounds | 1 <br> Occasional moans, cries, whimpers and grunts | $2$ <br> Frequent or continuous moans, cries, whimpers or grunts | Vocalization score: |
| Consolability | $\quad \mathbf{0}$ Content, relaxed | 1 <br> Reassured by <br> touch, <br> distractible | 2 <br> Difficult to comfort by touch or talk | Consolability score: |
| Behavioral pain assessment scale total (0-10) |  |  |  | /10 |

Functional activity score ${ }^{\#}$
(Cough/movement)
A - No limitation
B - Mild limitation
C - Severe limitation
"Relative to baseline

[^0]
## Subjective pain score

All patients are to have a functional activity score recorded in addition to the chosen subjective score.

## Visual analogue scale (VAS)

Instruct the patient to point to the position on the line between the faces to indicate how much pain they are currently feeling. The far left end indicates "no pain" and the far right end indicates "worst pain ever."

## Numerical rating scale (NRS)

Instruct the patient to choose a number from 0 to 10 that best describes their current pain. 0 would mean "no pain" and 10 would mean "worst possible pain."

## Faces rating scale (FRS)

Adults who have difficulty using the numbers on the visual/numerical rating scales can be assisted with the use of the 6 facial expressions suggesting various pain intensities. Ask the patient to choose the face that best describes how they feel. The far left face indicates "no hurt" and the far right face indicates "hurts worst." Document number below the face chosen.

## Behavioral rating scale

The behavioral pain assessment scale is designed for use with nonverbal patients unable to provide self-reports of pain.

- Rate each of the 5 measurement categories ( 0,1 , or 2 ).
- Add these together.
- Document the total pain score out of 10 .


## Functional activity score

This is an activity-related score. Ask your patient to perform an activity related to their painful area (for example, deep breathe and cough for thoracic injury or move affected leg for lower limb pain).

Observe your patient during the chosen activity and score A, B, or C.
A - No limitation meaning the patient's activity is unrestricted by pain
B - Mild limitation means the patient's activity is mild to moderately restricted by pain C-Severe limitation means the patient ability to perform the activity is severely limited by pain
*Relative to baseline refers to any restriction above any preexisting condition the patient may already have.


[^0]:    * Assess muscle tone in patients with spinal cord lesion or injury at a level above the lesion injury. Assess patients with hemiplegia on the unaffected side.
    ** This item cannot be measured in patients with artificial airways.

