

Verbal Pain Description Chart (VDS)

Patient's Name: _____

Reference Record #: _____

Tel: (home) _____ (Mobile) _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Select your pain level from the choices below:

The most intense pain imaginable _____

Very severe pain _____

Severe pain _____

Moderate pain _____

Mild pain _____

Slight pain _____

No pain _____

Other comments / Notes / Details: