

Instructions for Health Distress Index Visual Analogue Scale

Mark an "X" on the line which indicates a range of feelings. For instance, if you were feeling "Moderately High Discomfort," you would indicate it on the line below as such:



However, if you were feeling only "Somewhat Low Discomfort" you would indicate it on the line below as such:



Visual Analogue Scale

Name or ID: _____ Date: _____ Time: _____

Identify two distinct areas of the body where you feel your most severe pain or discomfort, or where you feel some other distinct symptom, and list those two areas for items #1 and #2. Write in the name of the symptom for space #2 if it is not pain, such as "difficulty breathing" or "feeling depressed" or "craving a cigarette." The space for Pain Area #2 can be on the left side of the body, whereas the space for Pain Area #1 could be on the right side of the body. The space along the lines below represent the degree to which you experience a particular symptom. Rate the intensity of your experience on that item by marking an "X" on that part of the line which most corresponds to your experience.

Pain Area # 1: _____ Symptom Area # 2 : _____

- | | | | |
|----|-------------------------------------|-------|---|
| 1. | No Pain
in Area #1 | ----- | Very High Level of
Pain in Area #1 |
| 2. | No Pain or
Symptom
in Area #2 | ----- | Very High Level of
Pain or Symptom
in Area #2 |
| 3. | Very Relaxed | ----- | Very Tense |

[For Office Use Only:] Clinic ID: _____ Practitioner ID : _____