

Visual Analog Scale (VAS)

Name: _____

Phone: _____

Email: _____

Instructions:

Circle any words that describe your symptoms, then circle a number from 0-10 to indicate your level of severity.

Dizziness	0 1 2 3 4 5 6 7 8 9 10 (no symptoms) (throwing up, falling, fainting)
Vertigo <i>(Room Spin/Head Spin)</i>	0 1 2 3 4 5 6 7 8 9 10 (no symptoms) (violent spinning, throwing up, falling)
Imbalance	0 1 2 3 4 5 6 7 8 9 10 (no symptoms) (throwing up)
Nausea	0 1 2 3 4 5 6 7 8 9 10 (no symptoms) (throwing up)
Headache	0 1 2 3 4 5 6 7 8 9 10 (no symptoms) (emergency room pain)
Tinnitus <i>(Ringing in the Ears)</i>	0 1 2 3 4 5 6 7 8 9 10 (no symptoms) (intolerable)