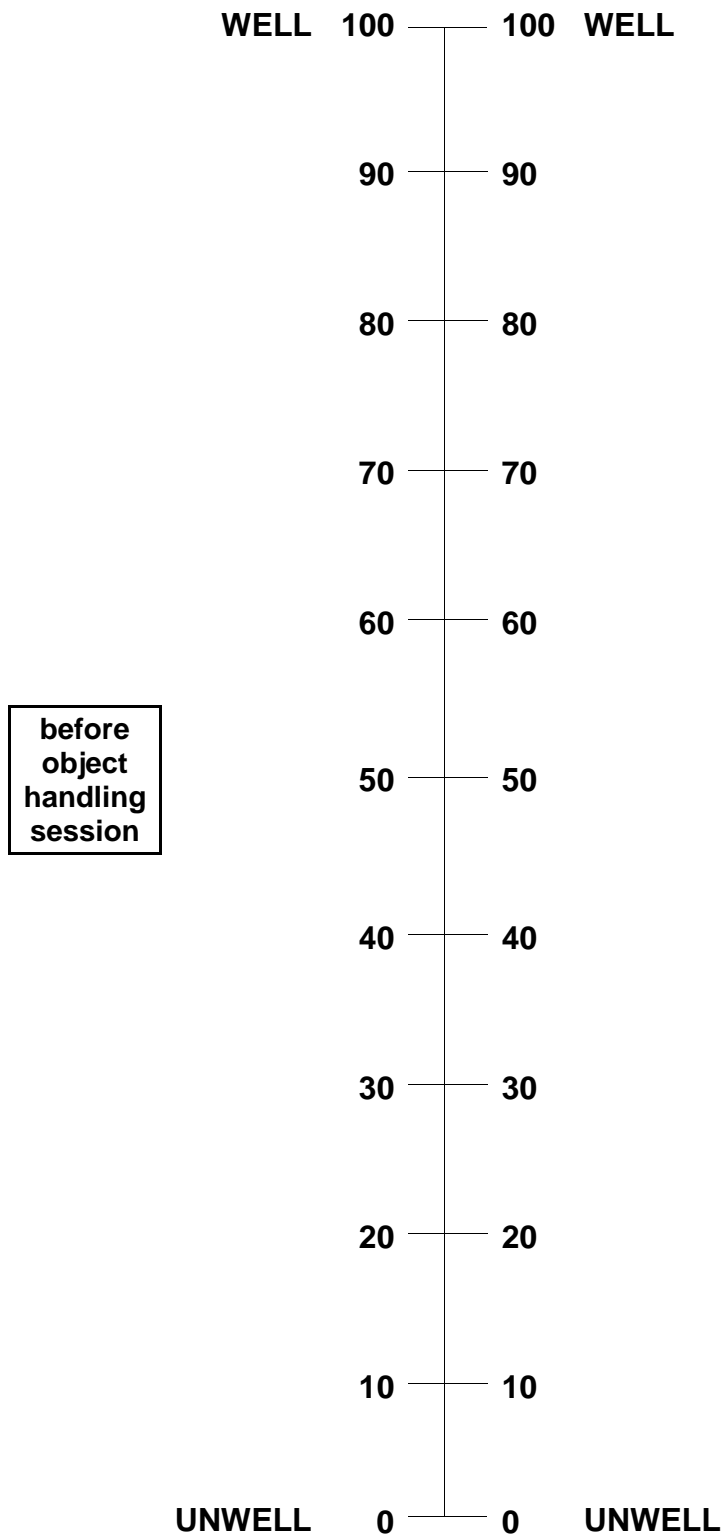


Patient Name	Ward	Bed	Date
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Visual Analogue Scale

Please draw a line from the box before the session to indicate how well you are feeling *at the present moment*.



Patient Name	Ward	Bed	Date
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Visual Analogue Scale

Please draw a line from the box after the session to indicate how well you are feeling *at the present moment*.

