

Appendix 3 – Patient Well-Being Survey

VAS for Global Well Being

Medical Record #: _____ Patient Initials: _____ Patient #: _____

Date of Assessment: _____ Time: _____ AM/PM Angle from Horizontal: _____

To the Patient: Please draw a line across the scale below indicating how you feel overall right now, where zero is the worst you have ever felt and 100 is the best.

GLOBAL WELL BEING

Worst I have ever felt |—————| Best I have ever felt
0 100

