Physiotherapist VAS score.

Subject ID:_________________ Date:_________________

Study visit 1:

Physiotherapist VAS Score (ease of clearance)
*Please score your perceived patients ease of clearance with this treatment session on the scale.*

Not easy  extremely easy

Physiotherapist VAS Score (satisfaction)
*Please score your perceived patient satisfaction with this treatment session on the scale.*

not satisfied  extremely satisfied

Comments:________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Study visit 2:

Physiotherapist VAS Score (ease of clearance)
*Please score your perceived patients ease of clearance with this treatment session on the scale.*

not easy  extremely easy

Physiotherapist VAS Score (satisfaction)
*Please score your perceived patient satisfaction with this treatment session on the scale.*

not satisfied  extremely satisfied

Comments:________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Researcher signed:___________ Dated:_________

PI signed:____________ Dated:_________