

QUADRUPLE VISUAL ANALOGUE SCALE

Name: _____ Date: _____

Instructions: Please circle the number that best describes the question being asked.

Note: If you have more than one complaint, please answer each question for each individual complaint and indicate the score is for each complaint. Please indicate your average pain levels and pain at minimum/maximum using the last 3 months as your reference.

Example:
<i>headache</i> <i>neck</i> <i>low back</i>
no pain _____ worst possible pain
0 1 (2) 3 4 (5) 6 (7) 8 9 10

1. What is your pain RIGHT NOW?

no pain _____ worst possible pain

0 1 2 3 4 5 6 7 8 9 10

2. What is your TYPICAL or AVERAGE pain?

no pain _____ worst possible pain

0 1 2 3 4 5 6 7 8 9 10

3. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)?

no pain _____ worst possible pain

0 1 2 3 4 5 6 7 8 9 10

4. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?

no pain _____ worst possible pain

0 1 2 3 4 5 6 7 8 9 10

Comments:

Signature: _____ **Date:** _____

Score: _____ Previous Score: _____ Examiner: _____