QUADRUPLE VISUAL ANALOGUE SCALE

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 for each complaint. Please indicate your average pain levels and pain at minimum / maximum using the last 3 months as your reference. If you have completed this form before, indicate you average pain level since the last time you completed this form.

EXAMPLE:

no pain	headache			neck				low back				worst possible
	0	1	(2)	3	(4)	5	6	7	8	(9)	10	pain
############	+######	########		#######		#######	#######	+#######	#######		+########	
1. What is yo	our pain	RIGHT	NOW?									
no pain	0 1 2											worst possible
I	0	1	2	3	4	5	6	7	8	9	10	pain
2. What is yo	our TYP	PICAL or	·AVERA	GE pair	ı?							
-				-								worst
no pain	0	1	2	3	4	5	6	7	8	9	10	possible pain
3. What is yo	ur nain	level AT	TITS REG	ST (How	z close to	"0" doe	S VOUR DA	in get at	its hest)	9		
	ui pain		IIS DE	91 (110w	close to	0 0003	s your pa	in get at	ns bestj	•		worst
no pain	0	1	2	3	4	5	6	7	8	9	10	possible pain
What	t percen	tage of y	our awak	ke hours	is your p	oain at it	s best? _		_%			
. What is yo	our pain	level AT	TITS WO	ORST (H	low close	to "10"	does vou	r pain ge	t at its v	vorst)?		
·	L.							I 9.		,.		worst
no pain	0	1	2	3	4	5	6	7	8	9	10	possible pain
What	t percen	tage of v	our awak	ke hours	is vour n	oain at it	s worst?		%			
	1	8 1			v I				_			
NAME								_AGE_		DATE		SCORE
SCORE: #1	+	#2	+ #4	=		/ 3 x 10 =	=	(Lo	w intensi	ity = <50;	High int	ensity = >50)