## 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 $\mathbf{3}$ 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

worst possible pain
\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#

1. What is your pain RIGHT NOW?

2. What is your TYPICAL or AVERAGE pain?

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

|  | no pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

worst possible pain

What percentage of your awake hours is your pain at its best? $\qquad$ \%
4. What is your pain level AT ITS WORST (How close to " 10 " does your pain get at its worst)?
no pain

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

worst possible pain

What percentage of your awake hours is your pain at its worst? $\qquad$ \%

NAME $\qquad$ AGE $\qquad$ DATE $\qquad$ SCORE $\qquad$

SCORE: \#1 $\qquad$ + \#2 $\qquad$ + \#4 $\qquad$
$\qquad$ $/ 3 \times 10=$ $\qquad$ $($ Low intensity $=<50 ;$ High intensity $=>50)$

