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: headache neck low back worst no pain possible 2 4 10 pain 1. What is your pain RIGHT NOW? worst no pain possible pain 2. What is your TYPICAL or AVERAGE pain? worst no pain possible pain 3. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)? worst no pain possible 10 pain What percentage of your awake hours is your pain at its best? ______% 4. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)? worst no pain possible 10 pain What percentage of your awake hours is your pain at its worst? _____AGE_____DATE_____SCORE

SCORE: #1 _____ + #2 ____ + #4 ___ = ___ / 3 x 10 = ____ (Low intensity = <50; High intensity = >50)