

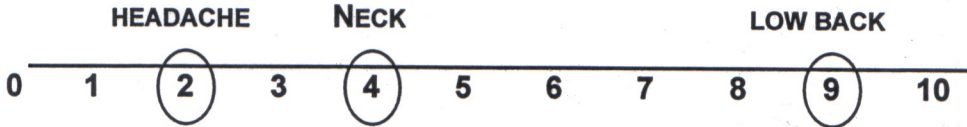
QUADRUPLE VISUAL ANALOGUE SCALE

Name _____ Number _____ 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 which score is for which complaint.

EXAMPLE:



1. What is your pain RIGHT NOW?



2. What is your TYPICAL or AVERAGE pain?



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



What percentage of your awake hours is your pain at its best? _____%

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



What percentage of your awake hours is your pain at its worst? _____%