

QUADRUPLE VISUAL ANALOGUE SCALE

Patient Name _____

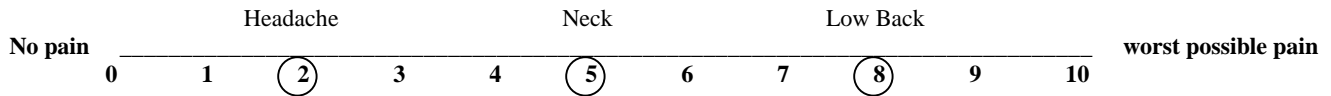
Date _____

Please read carefully:

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

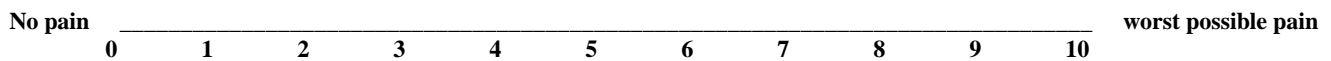
Note: If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your pain level right now, average pain, and pain at its best and worst.

Example:

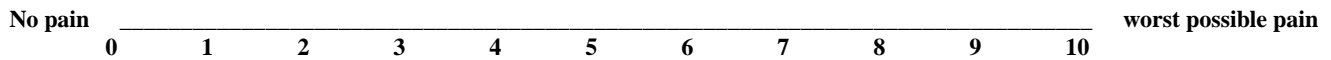


Each question should have 3 answers mark H: head N: neck LB:lower back

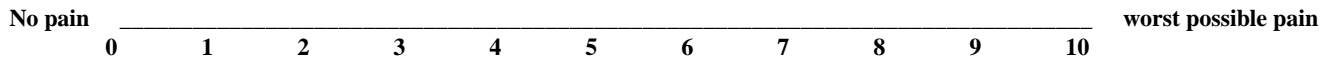
1 – What is your pain RIGHT NOW?(MARK PAIN LEVEL FOR HEAD, NECK, LOWER BACK)



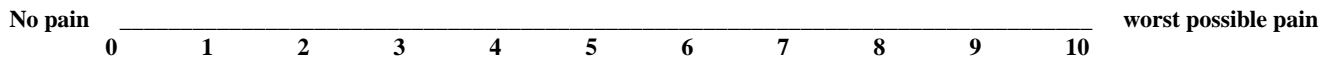
2 – What is your TYPICAL or AVERAGE pain? (MARK PAIN LEVEL FOR HEAD, NECK, LOWER BACK)



3 – What is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?
(MARK PAIN LEVEL FOR HEAD, NECK, LOWER BACK)



4 – What is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?
(MARK PAIN LEVEL FOR HEAD, NECK, LOWER BACK)



OTHER COMMENTS:

Examiner _____

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