

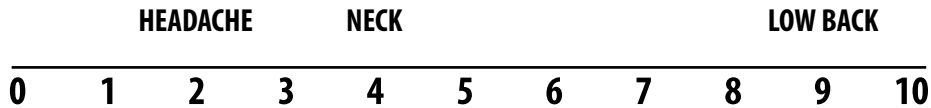
## QUADRUPLE VISUAL ANALOGUE SCALE

Name \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

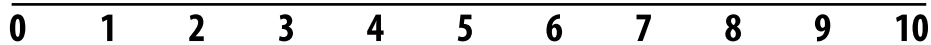
**INSTRUCTIONS:** Please circle the number that best describes the question being asked.

Note: If you have more than one complaint, please answer each question for each individual complaint and indicate which score is for which complaint.

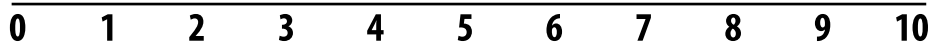
**EXAMPLE:**



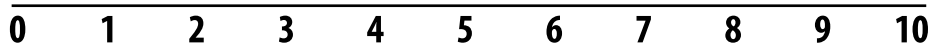
1. What is your pain **RIGHT NOW**?



2. What is your **TYPICAL** or **AVERAGE** pain?

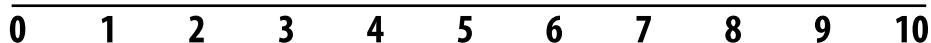


3. What is your pain **AT ITS BEST**(How close to "0" does your pain get at its best)?



What percentage of you 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 you awake hours is your pain at its worst? \_\_\_\_\_%