QUADRUPLE VISUAL ANALOGUE SCALE

	ad car											
structi	ons: Pl	ease circ	ele the num	ber that b	est descri	bes the que	stion bein	g asked.				
lote:	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.											
xample	::											
	Headache					Neck			Low Back			
No pain										worst possible pai		
	U	1	2	3	4	(<u>)</u>	O	1	8	9	10	
	1 – W	hat is yo	our pain R	IGHT NO)W?							
No pain	0	1	2	3	4	5	6	7	8	9	10	worst possible pain
	2 11/	L . 4	TVDIC	AT an A	VEDACI	E 9						
	2 – W	nat is yo	our TYPIC	AL or A	VEKAG	Ł pain?						
No pain		1				5		7	8	9	10	worst possible pain
	0	1	2	3	4	3	0	/	δ	9	10	
	3 – W	hat is yo	our pain le	vel AT IT	S BEST	(How close	e to "0" d	oes your	pain get a	t its best)'	?	
No pain			2									worst possible pain
	0	1	2	3	4	5	6	7	8	9	10	
	4 – W	hat is yo	our pain le	vel AT IT	S WOR	ST (How c	lose to "1	0" does y	your pain g	et at its w	vorst)?	
No pain	0	1	2	3	4	5	6	7	8	9	10	worst possible pain
				3	•	3	U	,	0	,	10	
THER	COM	MENTS	:									