

Quadruple Visual Analogue Scale

Name _____ Date _____

Circle the number that best describes the question being asked for each individual complaint.

What is your pain right now?

0 1 2 3 4 5 6 7 8 9 10

What is your typical or average pain?

0 1 2 3 4 5 6 7 8 9 10

What is your pain at its best?

0 1 2 3 4 5 6 7 8 9 10

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

What is your pain at its worst?

0 1 2 3 4 5 6 7 8 9 10

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

Place an X on the areas with pain or discomfort.

