

Quadruple Visual Analogue Scale

Name _____ Date _____

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

If you would like to mark for more than one type of pain for each question, please label the additional circles.

For example, you may use "N" for neck, "LB" for lowback, and "H" for headaches.

painfree worst possible pain

What is your pain right now?

0 1 2 3 4 5 6 7 8 9 10

painfree worst possible pain

What is your typical or average pain?

0 1 2 3 4 5 6 7 8 9 10

painfree worst possible pain

What is your lowest pain level?

0 1 2 3 4 5 6 7 8 9 10

painfree worst possible pain

What is your pain level at its worst?

0 1 2 3 4 5 6 7 8 9 10

Comments _____
