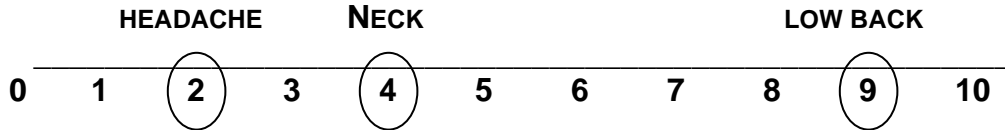# QUADRUPLE VISUAL ANALOGUE SCALE
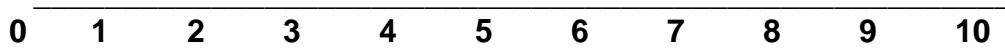
Name _____ Number _____ Date _____

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.
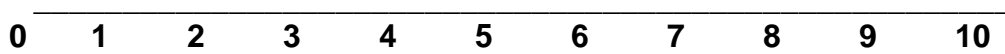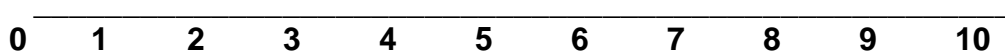
EXAMPLE:

	HEADACHE		NECK						LOW BACK	
0	1	(2)	3	(4)	5	6	7	8	(9)	10

· ·

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

    _____
    0   1   2   3   4   5   6   7   8   9   10

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

    _____
    0   1   2   3   4   5   6   7   8   9   10

3. **What is your pain AT ITS BEST (How close to "0" does your pain get 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? _____%

4. **What is your pain AT ITS WORST (How close to "10" does your pain get at its worst)?**

    _____
    0   1   2   3   4   5   6   7   8   9   10
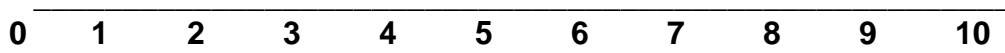
    What percentage of your awake hours is your pain at its worst? _____%

Reference: Thomeé R., Grimby G., Wright B.D., Linacre J.M. (1995) Rasch analysis of Visual Analog Scale. *Scandinavian Journal of Rehabilitation Medicine* 27, 145-151.