## QUADRUPLE VISUAL ANALOGUE SCALE Date \_\_\_\_\_ Patient Name Please read carefully: **Instructions:** Please circle the number that best describes the question being asked. 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. Example: Headache Low Back worst possible pain (5) 1 – What is your pain RIGHT NOW? No pain worst possible pain 10 2 - What is your TYPICAL or AVERAGE pain? worst possible pain No pain 10 3 – What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)? No pain worst possible pain 10 4 – What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?

**OTHER COMMENTS:** 

No pain

Examiner
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Cherry City Chiropractic

worst possible pain

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