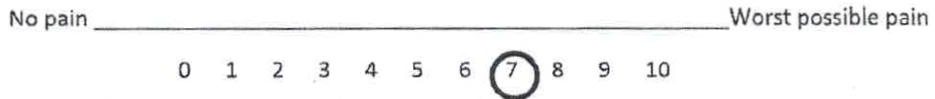# QUADRUPLE VISUAL ANALOGUE SCALE (QVAS)

Please **circle** the number that best describes the question asked. If you have more than one complaint, please answer each question for each individual complaint and indicate the score of each complaint.
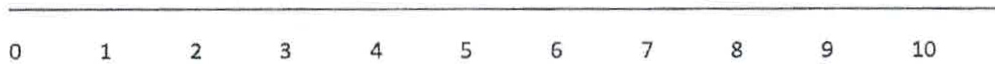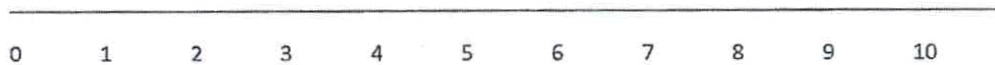
EXAMPLE:

No pain _____ Worst possible pain

0   1   2   3   4   5   6   (7)   8   9   10

1. How would you rate 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

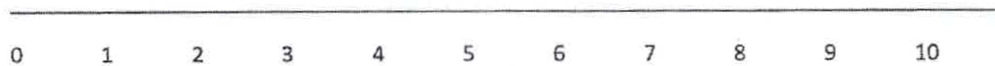3. What is your pain level at its BEST? (How close to 0 does your pain get at its best?)

_____

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 level 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? _____ %

Practice Member Name: _____ Date: _____

Score: Q1____ +Q2____ +Q4____ = ____ /3x10= ____ (Low Intensity = <50; High Intensity = >50)