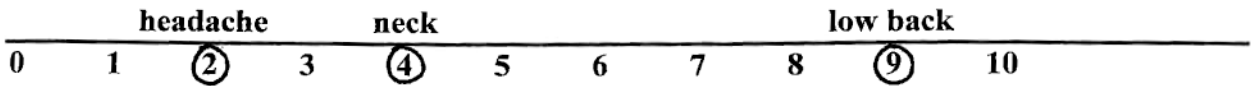


QUADRUPLE VISUAL ANALOGUE SCALE

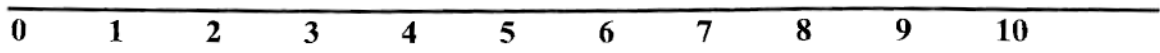
INSTRUCTIONS: Please circle the number which best describes the question being asked.

NOTE: If you have more than one complaint, please answer each question for each individual complaint and indicate which score is for which complaint.

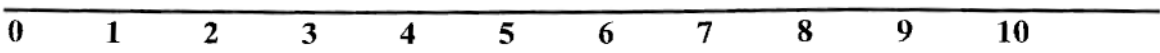
EXAMPLE:



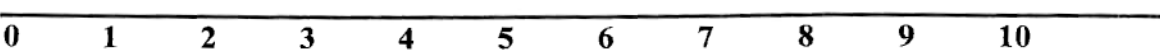
1. What is your pain **RIGHT NOW**?



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

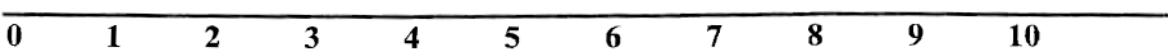


3. What is your pain **AT ITS BEST**(How close to "0" does your pain get at its best)?



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)?



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

NAME: _____ **AGE** _____ **DATE** _____

Please mark the diagrams below using the symbols at the right to describe the sensations you currently feel.

--- Pins and Needles^{ooo}
Numbness

Burning xxx Stabbing ///
xxx
xxx

