Chino Valley Family Chiropractic

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QUADRUPLE VISUAL ANALOGUE SCALE

Patient Name ______________________________ **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 the score for each complaint. Please indicate your pain level right now, average pain and pain at its best and worst.

What is your PAIN LEVEL RIGHT NOW?

No Pain ____ worst possible pain
0 1 2 3 4 5 6 7 8 9 10

What is your TYPICAL or AVERAGE PAIN LEVEL?

No Pain ____ worst possible pain
0 1 2 3 4 5 6 7 8 9 10

What is your PAIN LEVEL AT ITS BEST?

No Pain ____ worst possible pain
0 1 2 3 4 5 6 7 8 9 10

What is your PAIN LEVEL AT ITS WORST?

No Pain ____ worst possible pain
0 1 2 3 4 5 6 7 8 9 10

OTHER COMMENTS:
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File _________