NAME		()			A	GE	DATE			
	(QUADI	RUPLE	VISUA	L ANA	LOGU	E SCAL	E		
INSTRUCTION	S: Please circ	le the num	ber that be	est describe	s the questi	on being as	ked.			
NOTE: If you has for each complain [Doctor: fill in the last evel after the last evel	nt. Please ind e desired time	icate your interval)	average page as your ref	ain levels a ference. If	nd pain at n you have co	ninimum / r ompleted th	naximum us	ing the	last	
example: no pain 0 1	headache 2	3 (neck 4	5	6	7	low back	9	10	worst possible pain
############	************	<i>!#######</i>	ишшшшш	######################################	<i>#####################################</i>	*********	HHIIIIIII	***********	*******	!! !! !! !!!
	pain RIGHT	NOW?								worst possible
	pain RIGHT	NOW?	4	5	6	7	8	9	10	
no pain 0 1	2	3	4	5	6	7	8	9	10	possible
no pain 0 1		3	4	5	6	7	8	9	10	possible
no pain 0 1	2	3	4	5	6	7	8	9	10	possible pain worst
no pain 0 1 2. What is you no pain 0 1	2 r TYPICAL or	3 a AVERAG	4 GE pain?	5	6	7	8			possible pain worst possible

For	Doctor	Use	Only:

no pain

SCORE: #1 _____ + #2 ____ + #4 ____ = ___ /3 x 10 = ____ (Low intensity = <50; High intensity = >50)

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

worst possible

pain

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

TOTAL SCORE _____