

Quadruple Visual Analogue Scale (VAS)

QVAS-IW-2

Patient's Name: _____ Date: ____ / ____ / ____

Date of Injury: ____ / ____ / ____

Please circle the number that most accurately represents your answer to each question below. Please note that "unbearable pain" is a "10" and is located on the right hand side of the line. "No pain" is a "0" and is located on the left.

1 - What is your pain **right now**?

0	1	2	3	4	5	6	7	8	9	10	
No Pain											Unbearable

2 - What is your **typical** or **average pain**?

0	1	2	3	4	5	6	7	8	9	10	
No Pain											Unbearable

3 - What is your pain **at its best**? (*How close to zero do you come?*)

0	1	2	3	4	5	6	7	8	9	10	
No Pain											Unbearable

4 - What is your pain **at its worst**?

0	1	2	3	4	5	6	7	8	9	10	
No Pain											Unbearable

Comments: _____

