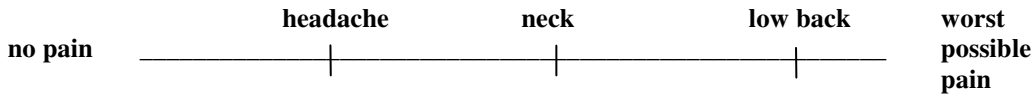


QUADRUPLE VISUAL ANALOGUE SCALE

INSTRUCTIONS: Please put a mark on the line that best describes the question being asked.

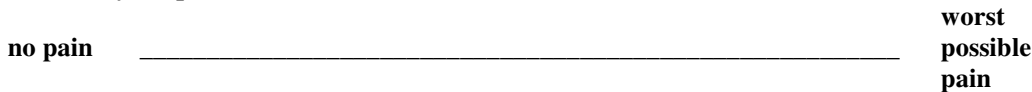
NOTE: If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your average pain levels and pain at minimum / maximum using the last 3 months as your reference. If you have completed this form before, indicate you average pain level since the last time you completed this form.

EXAMPLE:



#####

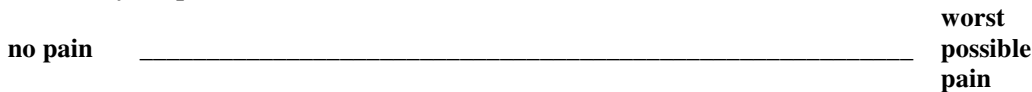
1. What is your pain RIGHT NOW?



2. What is your TYPICAL or AVERAGE pain?

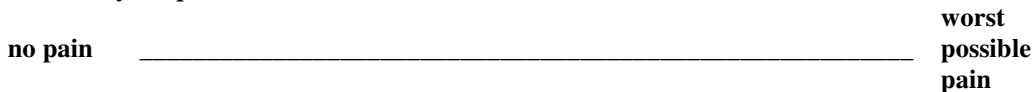


3. What is your pain level AT ITS BEST?



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

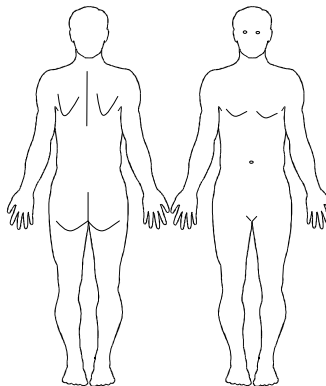
4. What is your pain level AT ITS WORST?



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

Mark the diagram as follows:

- A - Ache
- B - Burning
- N - Numbness
- P - Pins & Needles
- S - Stabbing
- O - Other - Describe



NAME _____ AGE _____ DATE _____ SCORE _____

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