

THE SPORTS REHABILITATION CENTER
QUADRUPLE VISUAL ANALOGUE SCALE

NAME: _____ DATE: _____

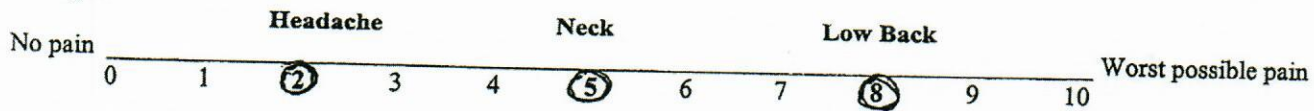
INJURY/SURGERY: _____

Please read carefully:

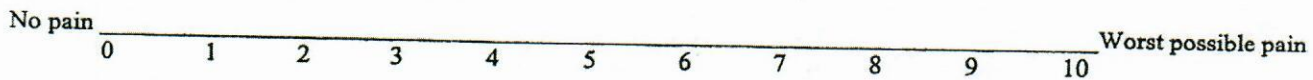
INSTRUCTIONS: Please circle the number that best describes the question being asked.

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, And pain at its best and worst.

Example:



1- What is your pain RIGHT NOW?



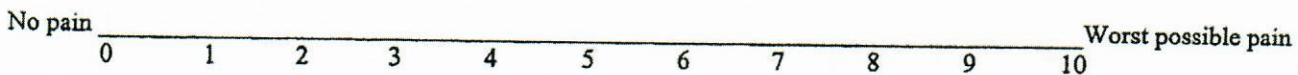
2- What is your TYPICAL or AVERAGE pain?



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



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



OTHER COMMENTS: _____

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