

QUADRUPLE VISUAL ANALOGUE SCALE

Name: _____ Date: _____

Please check or circle the number that best describes the question being asked. If you have more than one complaint, please answer each question for each individual complaint and write/type your complaint below the corresponding number. Please indicate your pain level right now, average pain, and pain at its best and worst.

Example:

No Pain	0	1	②	3	4	⑤	6	7	⑧	9	10	Worst Pain
	<i>Headache</i>			<i>Neck</i>			<i>Low Back</i>					

What is your pain RIGHT NOW?

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

What is your TYPICAL or AVERAGE pain?

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

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

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

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

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

GENERAL PAIN INDEX QUESTIONNAIRE

We would like to know how much your pain *presently* prevents you from doing what you would normally do. Regarding each category, please indicate the *overall* impact your present pain has on your life, not just when the pain is at its worst. **Please circle or check the number which best describes how your typical level of pain affects these six categories of activities.**

1. **FAMILY/ AT-HOME RESPONSIBILITIES** SUCH AS YARD WORK, CHORES AROUND THE HOUSE OR DRIVING THE KIDS TO SCHOOL:

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION					TOTALLY UNABLE TO FUNCTION					

2. **RECREATION** INCLUDING HOBBIES, SPORTS OR OTHER LEISURE ACTIVITIES:

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION					TOTALLY UNABLE TO FUNCTION					

3. **SOCIAL ACTIVITIES** INCLUDING PARTIES, THEATER, CONCERTS, DINING-OUT AND ATTENDING OTHER SOCIAL FUNCTIONS:

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION					TOTALLY UNABLE TO FUNCTION					

4. **EMPLOYMENT** INCLUDING VOLUNTEER WORK AND HOMEMAKING TASKS:

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION					TOTALLY UNABLE TO FUNCTION					

5. **SELF-CARE** SUCH AS TAKING A SHOWER, DRIVING OR GETTING DRESSED:

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION					TOTALLY UNABLE TO FUNCTION					

6. **LIFE-SUPPORT ACTIVITIES** SUCH AS EATING AND SLEEPING:

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION					TOTALLY UNABLE TO FUNCTION					

SCORE ____ [60]