

QUADRAPULE VISUAL ANALOG SCALE

Patient Name: _____ Date: _____

Please read carefully:

Instructions: Please circle the number that best describes the questions being asked for this particular questionnaire/symptom.

1 – What is your symptom **RIGHT NOW**?

No Symptom _____ worst possible symptom
0 1 2 3 4 5 6 7 8 9 10

2 – What is your **TYPICAL** or **AVERAGE** symptom?

No Symptom _____ worst possible symptom
0 1 2 3 4 5 6 7 8 9 10

3 – What is your symptom level **AT ITS BEST** (How close to “0” does your symptom get at its best)?

No Symptom _____ worst possible symptom
0 1 2 3 4 5 6 7 8 9 10

4 – What is your symptom level **AT ITS WORST** (How close to “10” does your symptom get at its worst)?

No Symptom _____ worst possible symptom
0 1 2 3 4 5 6 7 8 9 10

OTHER COMMENTS:

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