

Quadruple Visual Analogue Scale (QVAS)

Patient Name: _____ Date: _____

Signature: _____

Instructions: Please circle the number that best describes the question being asked.
Remember, a low number means there is less pain; a higher number means there is more pain.

The pain I am rating is: (brief description, 'Back pain,' 'Neck pain,' etc.)

1 – Rate your pain RIGHT NOW

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

2 – Rate your TYPICAL OR AVERAGE pain

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

3 – Rate your pain AT ITS WORST (how close to a "10" does your pain get?)

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

4 – Rate your pain AT ITS BEST (how close to a "0" does your pain get?)

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

**Provider Use Only:
OATS:**

To calculate Outcome Assessment Tool Score (OATS), add first three numbers, divide by 3 and multiply by 10.