

Patient's Name:

Age:

Date:

TRIPLE VISUAL ANALOGUE SCALE

Instructions:

Please circle the numbers which best describes the question being asked.

Note:

If you have more than one complaint, please answer each question for each individual complaint and indicate which score is for each complaint.

Example:

	head ache			neck			low back			
0	1	2	3	4	5	6	7	8	9	10

1. What is your pain RIGHT NOW?

0 1 2 3 4 5 6 7 8 9 10

2. What is your TYPICAL or AVERAGE pain (for chronic patients, refer to last 6 months)?

0 1 2 3 4 5 6 7 8 9 10

3. What is your pain AT ITS WORST. (How close to '0' does your pain get at its worst?)

0 1 2 3 4 5 6 7 8 9 10

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

CALCULATION:

(Pain 'now' + Average pain + Pain at worst) / 3 x 10 = _____ (0-100).

- Low intensity = pain < 50
- High intensity = pain > 50