## Participant VAS score assessment



Participant Number: 7	Date of Assessment:	/	/
nstructions: Thinking about your pain that please place a vertical mark (   ) on each lir	t your doctor is treating with y ne below to indicate your ave	your stimulator, rage pain level o	ver the last 48 hours.
Do not include other sources of pain that a a different area, or unrelated pain in a new	re not being treated by your s / area.	stimulator, for ex	ample, a pain flare up
1. Pain in Your Low Back (on average	e over the last 48 hours)		
No pain			Pain as bad as it could possibly be
2. Pain in Your Leg(s) (on average over	er the last 48 hours)		
No pain	*		Pain as bad as it could possibly be
3. Pain Overall (low back and/or leg p	pain on average over the last 48	3 hours)	
No pain	<b>M</b>		Pain as bad as it could possibly be
Participant Signature		Date	
Must be signed and dated by the participant to be u	ised as a source document		