

Participant VAS score assessment

Participant Number: _____

Date of Assessment: ____/____/____

Instructions: Thinking about your pain that your doctor is treating with your stimulator, please place a vertical mark (|) on each line below to indicate your average pain level over the last 48 hours.

1. Pain in Your Low Back (on average over the last 48 hours)

No pain |-----| Pain as bad as it could possibly be

A horizontal line with vertical end caps. A thick black vertical mark is placed at approximately 10% of the way from the left end.

2. Pain in Your Leg(s) (on average over the last 48 hours)

No pain |-----| Pain as bad as it could possibly be

A horizontal line with vertical end caps. A thick black vertical mark is placed at approximately 5% of the way from the left end.

3. Pain Overall (low back and/or leg pain on average over the last 48 hours)

No pain |-----| Pain as bad as it could possibly be

A horizontal line with vertical end caps. A thick black vertical mark is placed at approximately 90% of the way from the left end.

Participant Signature

Date

Must be signed and dated by the participant to be used as a source document.