

Participant VAS score assessment

BENEFIT-03

Participant Number: 3 - - - - -

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.

Do not include other sources of pain that are not being treated by your stimulator, for example, a pain flare up in a different area, or unrelated pain in a new area.

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

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

The horizontal line for Low Back pain has a vertical mark placed 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

The horizontal line for Leg pain has a vertical mark placed at the very 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

The horizontal line for Overall pain has a vertical mark placed 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.