

BENEFIT-03[®]

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.

No pain

Pain as bad as it could possibly be

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

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

Date _____

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