

# 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.

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

A horizontal line with vertical end caps. A thick black vertical mark is placed approximately one-fifth 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 very close to 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 approximately four-fifths 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.