

PATIENT INITIALS □.□.□.	PATIENT ID NUMBER □□□□□	INVESTIGATOR □□□□□□□□□□
FOLLOW-UP INTERVAL □ □ □ □ □ □ Pre-op 3wk 6wk 3 mo 6 mo PT		EXAM DATE □□/□□/□□ Month Day Year

Make a vertical mark across the line to indicate your maximum pain over the last week for the areas indicated.

EXAMPLE

No Pain Severe Pain

TOTAL PAIN

No Pain Severe Pain

BACK PAIN

No Pain Severe Pain

LEG PAIN

No Pain Severe Pain

Please indicate the primary location of your pain over the 3 days (check only ONE answer)

- ₁ The majority of pain is in one or both of my **legs**.
- ₂ The majority of pain is in my **back**.
- ₃ I have pain that is distributed evenly in my back and leg(s).
- ₄ I have **NO** pain in by back or legs.