

Name: _____

Age: _____

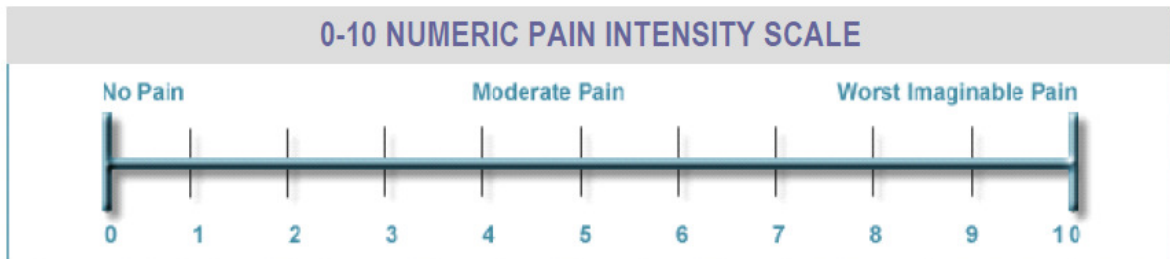
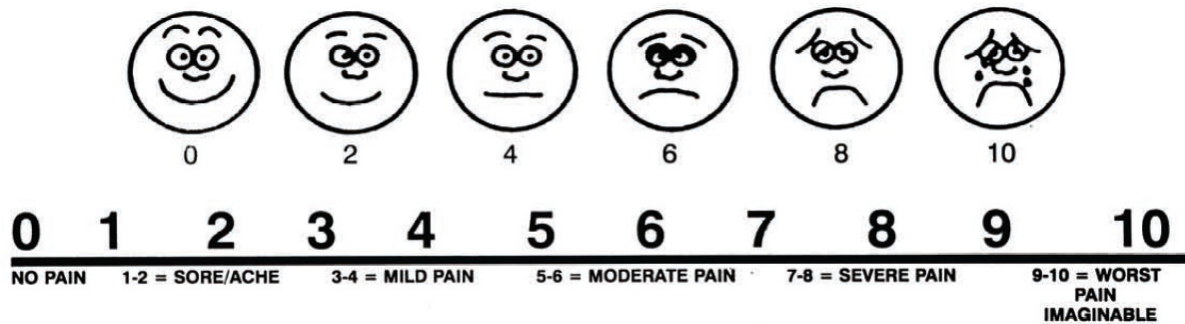
Sex: M / F

Mobile No: _____

E-mail: _____

Address: _____

Understanding your pain is important to us. This scale helps us to understand and to treat your pain. Place an X at the level of your worse pain.



Using the pain scale above, please rate your current pain level. Back ___ Leg ___
 Using the pain scale above, please rate your average pain. Back ___ Leg ___
 Using the pain scale above, please rate your pain at the worst. Back ___ Leg ___
 Using the pain scale above, please rate your pain at the best. Back ___ Leg ___