

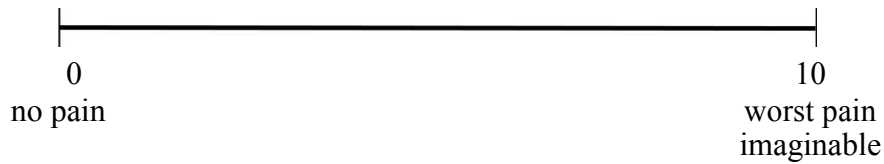
Name: _____

Date of Birth: ____ / ____ / ____

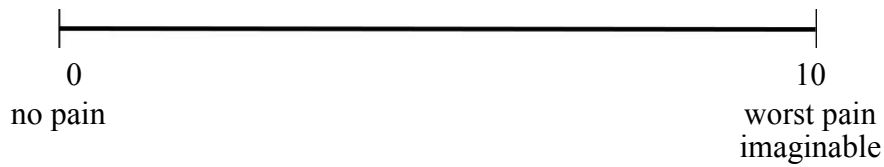
Date: ____ / ____ / ____

Visual Analogue Score: Back and Leg Pain

1. Please mark on the line below how much pain you have had from your **back**, on average, over the past week:



2. Please mark on the line below how much pain you have had in your **worst leg**, on average, over the past week:



3. If you have pain in the **other leg**, please mark on the line below how much pain you have had on average, over the past week:

