NAME: ______________________________________________________________________________

Please take a moment to review the scales shown below and mark appropriately.

NOTE: The top scale relates to back pain and the bottom scale relates to leg pain.

PLEASE CHECK ONE:

___ BACK PAIN: 0% LEG PAIN: 100%
___ BACK PAIN: 10% LEG PAIN: 90%
___ BACK PAIN: 25% LEG PAIN: 75%
___ BACK PAIN: 50% LEG PAIN: 50%
___ BACK PAIN: 75% LEG PAIN: 25%
___ BACK PAIN: 90% LEG PAIN: 10%
___ BACK PAIN: 100% LEG PAIN: 0%

NUMERIC RATING SCALE (NRS)
BACK PAIN
Mark an “X” on the line below that best describes the level of pain you have experienced in the past month.

NO PAIN   MODERATE PAIN   UNBEARABLE PAIN

0     1        2           3    4       5          6    7       8         9 10

HOW LONG HAS BACK PAIN BEEN PRESENT?
___ 1 YEAR ___ 5 YEARS ___ 10 YEARS ____ 20 YEARS PLUS

NUMERIC RATING SCALE (NRS)
LEG PAIN
Mark an “X” on the line below that best describes the level of pain you have experienced in the past month.

NO PAIN   MODERATE PAIN   UNBEARABLE PAIN

0     1        2           3    4       5          6    7       8         9 10

HOW LONG HAS LEG PAIN BEEN PRESENT?
___ 1 YEAR ___ 5 YEARS ___ 10 YEARS ____ 20 YEARS PLUS

VAS / _____
BACK: _______
LEG: _______

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