INOVA® SPINE INSTITUTE

BACK & LEG PAIN INDEX

Patient Name:____ Date:______/______/______

Date of birth:______/______/______

Please select a point on the scale that best reflects your daily pain level with a 0 indicating no pain, and a 10 indicating unbearable pain.

On average, how bad is your BACK pain?

No pain I--I Worst imaginable pain

0 1 2 3 4 5 6 7 8 9 10

On average, how bad is your RIGHT LEG pain?

No pain I--I Worst imaginable pain

0 1 2 3 4 5 6 7 8 9 10

On average, how bad is your LEFT LEG pain?

No pain I--I Worst imaginable pain

0 1 2 3 4 5 6 7 8 9 10