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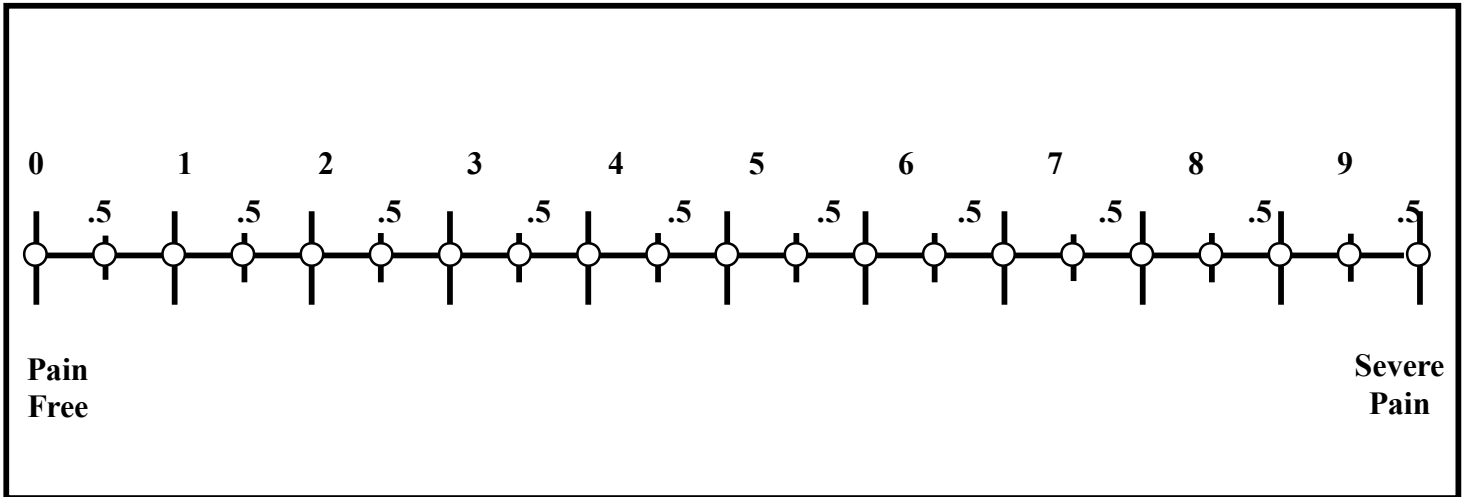
Subject Initials

Subject ID Number

### Appendix A - VAS Pain

Date  /  /

Week  Day



#### Instructions:

Please fill out pain scale **at the same time** each day. Try to make it a time of day when your pain tends to be at its worst.

Please **color-in the circle** (  ) that best describes your pain at that moment in time.

Please bring your completed set of sheets for each weekly visit in exchange for the next week of sheets.